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KEEP MEDICINE FREE*

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Two years ago, you chose a general practitioner from the Upper Peninsula as your President-elect. At this same time, you decided upon a strong program devised primarily to aid the general practitioner. Your far-seeing plan called for more complete organization of the State Society with a central office in the capital city. You recommended changes in the medical welfare set-up of the State, and in the Afflicted-Crippled Child Acts and schedules. You urged the passage of a Basic Science Law to protect the people from ill-trained practitioners. You empowered the granting of certificates of attendance and degrees of proficiency in post-graduate medical extension work to encourage continuing education of physicians. Finally, you authorized studies to better control and prevent syphilis, tuberculosis, cancer, and accidents.

For twenty-four months I have devoted my sincerest efforts to help accomplish this general practitioner program, feeling that any benefits derived by the physician in general practice would correspondingly assist the man in limited work.

Amazing Progress

In two short years, what has been achieved for the public good by and with the help of the Michigan State Medical Society is a matter of proud record: the welfare laws and the afflicted child acts were amended by a wise Legislature, which also saw the value to the people of a Basic Science Law, and placed it on the statute books. Moreover, it passed two splendid syphilis control laws, three tuberculosis laws, and a new occupational disease bill. The post-graduate extension courses have been augmented in scope and in frequency, bringing the latest

advance in our swift-moving science to both general practitioners and specialists, in the Upper Peninsula, in the Lower Peninsula, in every part of the State; and the varied activities and increasing contacts of the State Society are now carefully coordinated, more and more public service is meticulously performed in the Executive Office of your Michigan State Medical Society in Lansing. Your mandates have been carried through.

As we live from day to day, we may see little change, slight progress. But when we look back at well-laid plans which have benefited by the diligence of years, we are oft amazed at the progress made.

During the past months, we have not been content merely with executing your orders; in addition, we have been making plans for the future: (a) to strengthen County Society organization; (b) to develop and execute programs for maximum distribution of medical services to all; and (c) to create a Michigan Health League.

Medical Profession a Stabilizing Influence

Rumbles and sporadic roars anent the immediate coming of socialized medicine have been heard in recent months. We all know

*President's Address delivered at the 72nd Annual Meeting of the Michigan State Medical Society, Grand Rapids, Michigan, September 29, 1937.

about the association organized by employees of the Home Owners' Loan Corporation to provide medical care for all civil employees of the United States Government! This movement is said to be supported morally and financially by the Federal Home Loan Bank Board and the H.O.L.C. and their related agencies. The Maverick Bill, calling for a \$3,000,000 cancer *treatment* in Washington, was introduced at the last session of Congress. Late in July, the Lewis Resolution was introduced into the United States Senate *to establish all licensed medical practitioners as employees of the national government!*

Not in any spirit of criticism or bitterness do we refer to the above and lesser activities of similar import, but to impress on our minds a realization of our own delinquency, our failure in permitting only one side of this highly controversial problem to be disseminated to the people throughout the years. It has not been wholly our fault. Our work forces us to labor almost exclusively with others of our own calling. Our hospitals—the factories of our life—contain only the sick and those who care for the sick. We live and think in our own world, seeing little of other groups, enjoying few avocations. The penalty of Medicine is esoteric devotion to Medicine! But therein lies our responsibility. If we love Medicine and its heritage—the greatest of any profession—we must do all in our power to preserve it. If the aggressor attacks even while we are busy at our important work, nevertheless we must leave the field and go to the Front. Every physician knows the fallacy of most arguments favoring socialization of medicine. He must stop to tell the *facts* to the people, his clients, his friends; they deserve this information. The doctor must consult with lay groups and seek opportunities for such discussion wherever possible. Only by such consultation and advice can our profession act as a stabilizer at this time when so many unsound plans for changing the economic relations of patient and physician are being presented. Doctor, you Know the Truth; your Duty is to Spread Your Knowledge.

Unity of Purpose—Organized Effort

In this practical world, battles are not won by words alone. The preservation of Medicine's principles, so vital to the people's well-being, demands *unity of purpose and organized effort*. When we leave the field and go to the Front, we join a squad; we become part of a company, a regiment, an army. *We must fight, along with others, against a common enemy.*

It is for this reason that we have recommended strong county medical society organization, so it assumes medical leadership in the community; that we have urged each county medical society to develop and put into early operation programs, best applicable to the particular county, to afford the greatest distribution of medical services to all groups; that we have advised the formation of a Michigan Health League, primarily an organization of the people but including physicians, dentists, nurses, pharmacists, et cetera, for greater and continuous protection of everyone's health in this State.

Fight Inferior Medicine

Doctors, the time for speculation is over. What we need now is *united ACTION*. We are in the Right. We have no selfish, profiteering motives. We have at stake great Principles, tried and true. Our ordained responsibility is the protection of the people's health. We fight inferior Medicine. We must stand one great, unified phalanx *to defend* Medicine from adulteration. We brook no battles, *but if there is to be a war, let us be prepared for war, nay, TO WIN THAT WAR!*

And now, my friends, farewell. Your General Practitioner-President leaves office with mixed feelings of pleasure and sadness—pleasure, to be relieved of the heavy burdens of this position; sadness, at parting with the fine associations which the past two years have so kindly given him. I have made wonderfully good friends. My experience has been magnificent. To all of you, many thanks!

I leave you, Physicians of Michigan, with favorable omens. You have capable leaders, a fine organization, a noble cause of action. You have but to persevere in the good fight, to keep Medicine free!

ARE PROFESSIONS BEING COMMERCIALIZED AND MECHANIZED?*

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As a lawyer and a legislator, with human imperfections, I shall endeavor to present to you a subject which has been greatly publicized, and, like every other major problem, should be freely discussed and due consideration given it by the American people.

In discussing this subject, it must necessarily be limited to those professions dealing with the human body.

I shall first speak of the dental profession. There exists at the present time in the dental profession, in the United States, a small minority of advertising dentists, few of whom can be classed as skilled, conscientious dentists. When I was Prosecuting Attorney of Kent County, Michigan, I was called upon to and did prosecute violations of the laws relating to the practice of dentistry. Violations still exist, and complaints are many regarding the type of work performed by these so-called advertising dentists. They are not interested in the welfare of their individual patients. Their one desire is to attract the poor unfortunate and gullible public, under the guise that they are skillful and painless in their operation, and inexpensive.

Prior to engaging in these activities, many of them were unable to interest a sufficient number of patients to bring them even an ordinary income and livelihood. They conceived the idea that by advertising, the unsuspecting public would seek their services.

Until recently they sought to enlarge upon their operations, and employed solicitors for the purpose of procuring patients for dental work. They held public demonstrations for the purpose of offering, selling, or giving away any cure or nostrum in order to induce such person or persons to enter their dental offices.

It is quite apparent, from data which have been procured in the State of Michigan, that many false and fraudulent representations have been made inducing patients to come to their advertised offices.

Since the advent of electric signs and radio, dentists have advertised by electric display signs and over the radio, and in the newspapers, their superiority in the performance of their professional services. They have advertised prices for professional services. They have displayed, on glaring light signs, a tooth, teeth, bridge work and portions of the human head. They have advertised free

dental work, free examinations, and the performance of painless extractions.

This method of advertising is but bait for the unsuspecting public. In other words, the dental profession is being commercialized. The main arguments used to justify their action is that the ordinary individual, who has little financial means, is able to receive dental work for a small consideration.

Family and group agreements are made for the purpose of obtaining dental services, even by the year. The filling and preservation of teeth has not been their chief concern. They prefer to remove teeth that could be treated or filled, and substitute therefor plates, or sets of teeth. In many instances they advertise plates for as low as \$5.00 each, when as a matter of fact, if the patient survives the removal of his teeth, he is advised that a plate which would fit would cost approximately \$100.00. No financial saving would thus be made, and in many instances patients have thereafter of necessity been treated by dentists who do not advertise.

The continuation of this method of advertising is a serious injury to the public. It is condoned by some newspapers, who obtain their advertising, and by some broadcasting companies, who receive consideration for the time used on their radio stations. Broadcasting companies should disseminate information beneficial to the public, but in these specific instances such commercialization should be eliminated, the public should be considered, and their burdens and woes not increased.

During the 1933 Session of the Michigan State Legislature it became and was my duty as State Senator from the 16th District of Michigan to study and review certain legislation brought before it pertaining to abuses existing in the dental profession. It became my further duty as a member of the

*Read before the Upper Peninsula Medical Society, August 19, 1937.

Legislature to give this subject serious thought and consideration. Corrective legislation is always opposed by selfish individuals and interests. During that session, I personally sponsored, in the Senate, the Dental Bill, which corrected some of the existing evils which I have just referred to. However, the most flagrant ones still exist, and would have been eliminated had the present Legislature passed such corrective measures as were before it for consideration.

In the past session of the Legislature, I personally sponsored House Bill No. 594 in an attempt to correct these evils, but the opposition that came from those persons who were only interested in the profits derived from dentistry were successful in defeating the passage of the bill by one vote.

Again its foes consisted of those advertising agencies which benefited by reason of dental advertising. The public was not sufficiently aroused. Neither were some of the Legislators. Fortunately the medical profession has attempted to educate the public, and has used its influence to eliminate such abuses.

It might as well be said that in the legal profession lawyers should advertise with large electric display signs such as, "Consultations Free"; "Cut Rates"; "Superiority in the Trial of Cases, and Drafting of Papers," and perhaps they should go to the extent of giving free movie exhibitions of their prowess and ability in the trial of cases in court.

We find even greater abuses existed in the field of optometry; for example:

Until the present Legislature passed House Enrolled Act No. 189, at the last Session, canvassers were employed to solicit from house to house, and in places of employment throughout the State of Michigan, for the purpose of selling glasses, conducting eye examinations, and performing optometric services. It is a fact that many of our larger employers of labor made contracts with these canvassers, or permitted such solicitations in their industrial plants for the purpose of selling glasses, making eye examinations, and performing optometric services.

Untruthful and misleading statements have been made personally and in advertising by such solicitors. They were made with the intention of deceiving and misleading the individual, and the public, under the guise of "Eyes Examined Free"; "As Low

As"; "Up"; and "Honest Prices." In many instances throughout the State of Michigan, premiums such as a set of dishes and other articles were given for the purpose of selling eyeglasses. If a club could be formed, or a group, special gifts, special premiums, and at least a twenty per cent discount was given for the purpose of encouraging the purchase of eyeglasses. Imagine such stupidity and ignorance, when vision is to be corrected. Such advertisers do not have the welfare of their patients at heart. They have but one principal idea in mind; namely, profits at the expense of the human eye, and, as a result, the probable maladjustment of the human body, without a correction of inherent diseases. In those instances, seldom, if ever, was a medical diagnosis made.

Glaring examples of this situation appear in the *Reader's Digest* of August, 1937; and should be vividly and forcibly brought to the attention of the public, unless we are to have a generation of sightless people.

One large factor which has endeavored to commercialize the profession of optometry is the department stores, who have installed departments of optometry, as they say, "to keep abreast of the times." Although, in some instances, they are supervised by a doctor of optometry, yet seldom are they adequately equipped to determine proper corrections. They are primarily interested in the sale of glasses and the profits which necessarily follow. It is a well known fact that the average lens can be purchased at wholesale, or in quantities, for less than \$1.00 each, and in most instances a complete set of lenses, with frames, sells for \$15.00 and up.

Such commercialization of professions should cease and be eliminated. The eyesight of the public cannot be bought or sold, and should be jealously protected and preserved.

In the professions of dentistry and optometry, it is apparent that commercialization and mechanization are rampant, and it behooves those who practice dentistry and optometry ethically, to be on guard and protect the public, and prohibit their professions from becoming more commercialized and mechanized. They both are respected and necessary professions, and must ever exist as such.

The medical profession is likewise approaching a position of being socialized. Commercialization and mechanization are

almost identical in their application. Either or both of these words can be used as synonyms to the words "socialized medicine and state medicine."

Socialized and state medicine originated in Germany and was promoted by Bismarck, a dictator during his reign as Chancellor. His subjects were then in a state of unrest. In order to pacify them and settle Germany's domestic difficulties, and present a united front to nations who were unfriendly with him, he determined upon the idea of giving to the workers some medical assistance at the expense of the state. He believed that by so doing he would allay their unrest, cause them to become nationalistic, and fight, if necessary, for the preservation of their fatherland. This he did, and as a result other European countries became inoculated with the same idea, and established similar systems for similar and other reasons.

In this country agitation in state medicine started in social and philanthropic agencies, because it was working to some extent in Europe. In some instances paid members of hospital staffs, and occasionally city and county physicians, desired it as an experiment. The perpetuation of their positions and income would thereby become more secure.

It no doubt can be said that a good percentage of the unsuccessful medical practitioners, which fortunately are few in number, advocate social and state medicine, due to the fact that they have been unable to adequately support themselves in private practice and desire security by way of a salary paid by the State.

The formation of employers' group insurance, the panel system, industrial medicine and salaried medical services, have been promoted for but one primary purpose, to reduce the so-called overhead cost for which a minimum of service is given.

At the present time there is no popular demand for state or socialized medicine. However, there is much talk about it, and many articles have been written both pro and con. It is not and will never be a part of real social security. It is social insecurity, and nothing short of regimentation, and the mechanization of the medical profession. Where patients must be distinguished and given widely different and suitable treatment, the mass action of government is seldom successful. The result of the professional services performed by the

average unskilled regimented army surgeon would be a fair comparison to what would eventually happen to the average medical doctor under a mechanized system.

The State does establish quarantine to protect people against invasion of disease. It does collect and tabulate vital statistics of the whole population; assists in health education; urges extensive preparation in immunization, and thereby prevents the spread of epidemics. The medical profession has always aided and encouraged such state activities, and will continue to do so. Medical services do not fit into time tables.

Hippocrates taught the art of observation and called attention to the importance of the individual relationship of the physician to his patient.

Most ancient physicians recognized the fact that some persons could inspire the patient with a desire to recover, and could apparently aid that peculiar power lying within the body known as "the power within living tissue that urges it to repair." Under socialized medicine, this individual relationship could not exist. It would be destroyed.

Perhaps it is true that the cost of medical care has increased, but justly so. In the United States, statistics show that, on the average, human beings are living longer. Their length of life has been increased, and the death rate among children has decreased considerably. Therefore, the medical profession is to be encouraged and commended.

A single point in the life history of an ailing individual may explain the major part of his symptoms and his distress. Not infrequently that point is carefully concealed from everyone except the personal physician in whom the patient has the same confidence that members of some churches have in their spiritual advisors.

The American Medical Profession, on the average, leads the world, and is composed of a group of highly respected and able men and women. Prior to 1936, members of the American Medical Profession received Nobel prizes for unusual ability and skill in their respective fields.

Industrial medicine and salaried medical services are impersonal. Many of its subscribers, when emergencies arise, prefer and seek out a personal physician. Industry should condemn the commercialization of the medical profession.

The medical profession is beginning to recognize the influence of the mind in dis-

ease, and in the treatment of disease, a factor which is invariably lost in mechanized practice.

State or socialized medicine is practiced in Germany, Italy and Russia, and in a modified way in Great Britain. It has been subjected to political patronage and plunder as a service of the State. In general, the medical profession in Europe has been demoralized through political maneuvering for the most remunerative contracts. Germany has a health insurance scheme, developed through sick societies. Great Britain has a panel system permitting families to pay a regular fee each week or month to a medical doctor for all of their care. Doctors of Medicine and Surgery are registered and permitted to do private practice in addition to that which they receive through their registry. The purpose of such registration is to assure the unskilled or less successful doctor of a livelihood which in many instances he would be unable to receive. Other doctors who have a more exclusive class of patients necessarily prosper for the reason that the greatest part of their time is devoted to their private practice. The average person who receives medical attention from the less successful and unskilled doctors under the panel system cannot hope to receive the best medical skill or attention which would bring about his recovery.

In the United States medical doctors are available in most communities. Our medical field is a broad one. State medicine might be acceptable in European countries where medical doctors are few, where the population is confined, where the right of the individual to succeed is limited, and where the breath of real freedom seldom exists. Are we to retrogress?

Under state medicine the cost per individual would be approximately \$30.00 per year. Under our taxation system, the laborer, the farmer and ultimate consumer would pay such additional tax, and thus be overburdened. State medicine may be a beautiful theory, but in practice it would degenerate into political plunderings, the cost of which would be prohibitive.

In 1930, 12,000 teachers were out of a job—able to work, and looking for a job. Education is a standardized system. Would the same thing happen to the medical profession?

The standards of medical practice in State medicine are lowered because it is the tend-

ency of the contract doctor to see as many patients as possible, and as a result he is unable to provide adequate individual attention. Initiative is lost, and advancement of the individual doctor is dependent upon his individual ability to pull wires.

Disease and education differ widely, even though many exposed to both fail to get either. Health and ignorance are alike in only a few features, and within those limits the state is already active.

Ninety per cent of the population today are better satisfied with their doctor than they are with their landlord, their grocer, their clothier, their preacher, or the teacher of their children.

If socialization of medicine is the panacea, then we should socialize fuel, clothing and food, and become a race of robots.

From my experience as a legislator, and as an individual who is vitally interested in the welfare of the medical profession, I desire at this time to bring forcibly to your attention the fact that there is a slow, insidious process now going on in the United States, which evidently is attempting to commercialize and socialize the lesser and weaker of the professions. As a result it is absolutely certain that the medical profession will be seriously and permanently affected. Unless the individual members of the medical profession seriously understand its probable consequences, it too will be commercialized and socialized, and state medicine will become an actual fact. I cannot too strongly urge you to consider this danger in this personal appeal to each of you.

You have, as representatives in your association, able men who are giving their time and attention to all matters which are of interest and vital concern to the medical profession. If and when you are called upon to protect or promote the interests of your profession by these men, both in the county, state and national organizations, you should immediately respond and give your attention and efforts to those matters, or suffer the consequences of your stupidity. Otherwise, the time will come when the medical profession will be ultimately commercialized, subsidized and consumed, and you will then say to yourselves, "How did this happen?" Then it will be too late. This result, if it ever comes, will not be brought about by some edict, decree or law. It will come as a result of your utter lack of interest, and by the fact that you have failed to put forth

those natural efforts in preventing this slow insidious process of bringing about socialization of medicine.

Socialization will bring about the ultimate decay and destruction of these professions. To stop inroads into these professions, its practitioners who are treating disease and imperfections of the human body should ever be vigilant, and coöperate collectively. It is the price of life and liberty.

You as individuals and as an organization should place and keep your professional ethics on the highest plane possible. You are dealing with human beings. You should

march on as you have in the past, performing public work unstintingly, and giving to humanity your best.

You should at all times be allowed to maintain your individual initiative so that you may delve into fields of medicine and surgery not yet discovered.

Under no circumstances are you to become socialized in the present sense of the word, nor mechanized as an instrument, but at all times actuated by that divine pronouncement "HEAL THE SICK" which will live through the ages.

SINGLE-HANDED CITRATED BLOOD TRANSFUSION APPARATUS*

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As evidence of the fact that the present day methods of blood transfusion leave much to be desired in the matter of simplicity and universal workability, is the fact that the past few years have seen numerous new blood transfusion devices presented for consideration and trial. There has been a very rapid trend in most hospitals toward the indirect methods of transfusion, until in many localities a direct method of blood transfusion is now rarely, if ever, used.

It has occurred to the author that the two most needed improvements in the present methods of citrate transfusion is to devise a more simple method of creating suction in obtaining the blood and citrate, and to have available an apparatus which would permit of blood administration without transfer to any other receptacle. If, in addition to these two essential improvements could be added the possibility of one operator, without additional aid, being able to draw, mix and administer the blood, a distinct improvement in all previous methods would be available.

After a series of experiments, in which various methods of creating suction were tried, it was discovered that a bulb, such as is supplied for blood pressure apparatus, works admirably when the proper ball bearing valves are used at either end. When suction is obtained by the use of syringes or a Potain aspirator, sometimes too great suction is obtained, so that the vein or tubing collapses, leading to difficulty. Without any suction at all, the blood flow is sluggish unless excessively large needles are used. With

the rubber bulb type of suction, between 1.0 and 1.5 pounds per square inch of vacuum is provided, and has proved to be a very optimum amount.

For some time the apparatus illustrated has been in use at Harper Hospital, Detroit, and has been found to be most efficient under any and all conditions of use. For giving blood transfusions in the home, without any assistance whatsoever, we have found this method extremely valuable.

The essential features of the apparatus are well shown in the photographic illustration. It consists simply of a standard bottle with screw top, to which is attached an aluminum alloy handle which holds firmly in place a rubber cork for sealing the apparatus. Two holes are provided in the cork, into which may be inserted a glass tube, a rubber bulb with automatic ball bearing valves, and then later—when the bulb has been withdrawn—the usual glass fitting of an intravenous tubing outfit. The bottle is provided with a bail which is used for support of the bottle while administering the blood. The appa-

*From Harper Hospital and the Wayne University College of Medicine, Detroit, Michigan. This apparatus has been adapted to the 500 c.c. Vacoliter flask. The complete outfit may be obtained from the Baxter Laboratories.

BLOOD TRANSFUSION APPARATUS—COOKSEY

ratus is autoclaved with bulb, glass tubing, rubber tubing and adapter ready for use. For storage purposes, the apparatus is wrapped in a light canvas covering before autoclaving.

needle, the other hand mixes the citrate and blood by a gentle rotary motion of the bottle, at the same time giving the rubber bulb an occasional compression to maintain

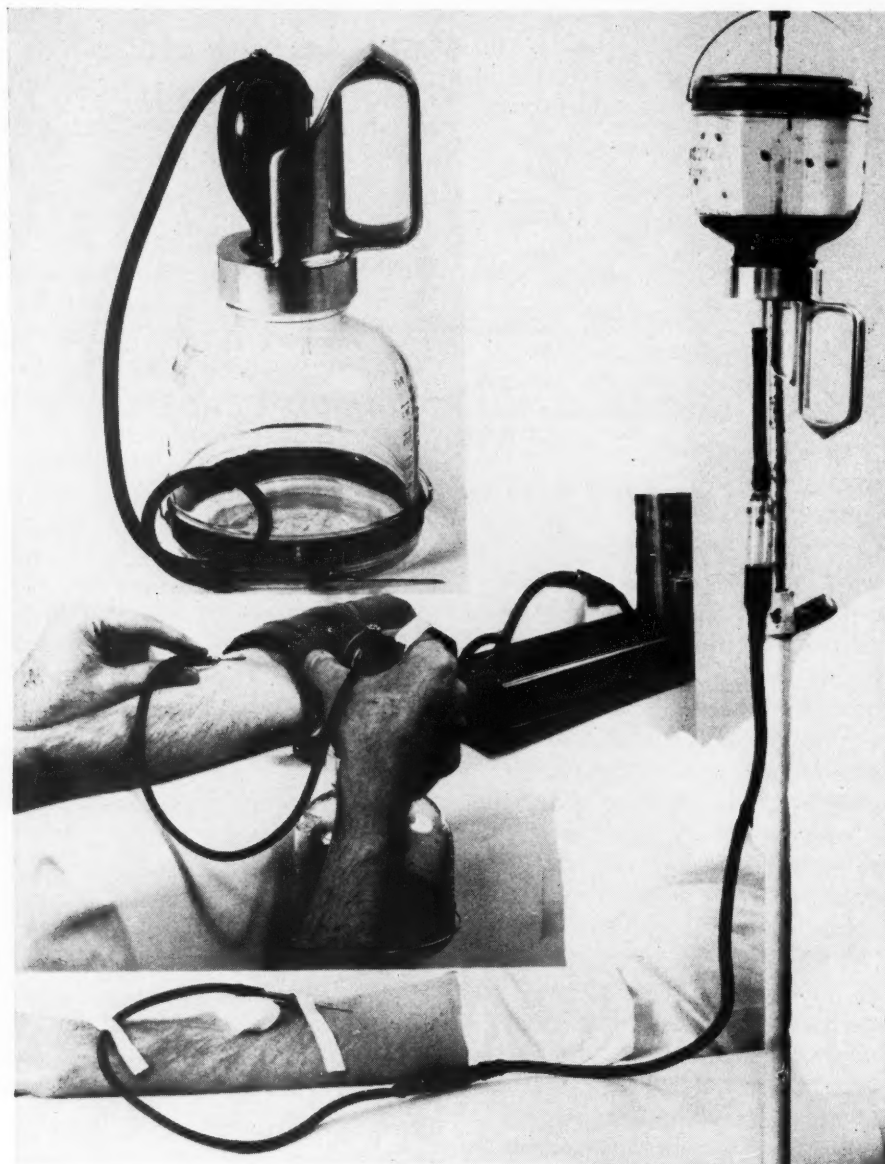


Fig. 1. Composite illustration of taking and of giving blood.

In obtaining the blood, the operator simply unwraps the sterile apparatus, inserts a No. 16 needle into the adapter, then drops both into an ampoule of sterile 2.5 per cent sodium citrate, compresses the rubber bulb a few times, and 10 c.c. of the citrate is drawn into the bottle for every 100 c.c. of blood to be used. For taking blood from the donor, a sphygmomanometer cuff must be used on the donor's arm with pressure set at about the diastolic level. Now the needle is inserted into the donor's vein and, as shown by the diagram, while one hand steadies the

the necessary vacuum. The handle shield prevents contamination of the glass tubing which is in the up position while drawing blood so that the inflow may be observed at all times. When sufficient blood has been obtained, the rubber bulb is withdrawn from the cork, the glass tubing is pushed down to serve as air vent, and a regular intravenous tubing set is connected to the hole from which the rubber bulb was taken. The bottle is then suspended in the reverse position by means of the bail. By using intravenous sets with a visible dropper, it can be seen at

all times whether or not the blood is flowing properly into the vein. A No. 18 needle is used in giving the blood to the recipient. The blood is kept warm by placing a hot water bottle over a part of the tubing near the recipient's arm. Up to 600 c.c. of blood may be drawn by this apparatus, and a portion held over in the ice box for giving the next day—without transfer of the blood, if it is desired. If the apparatus is properly used, so that there is a continuous flow of blood from the donor, no clots will form, and hence filtration of the blood is not necessary. In over five hundred transfusions with this apparatus, no filtration has ever been used; and it has been shown, we believe, to be entirely superfluous.

Where it is desired to preserve the blood for several weeks, as is now being done for the so-called "Blood Bank," and as is being done for the transport of blood to the Front during war, this apparatus is extremely adaptable. As is shown in Figure 2, after obtaining the blood, a different sterile cork and screw top is substituted for the handle and bulb attachment, thus providing an air-tight seal. By this means, any number of bottles may be kept in storage, properly labeled and ready to use. All that is necessary then is to simply remove a thin rubber and aluminum seal, as is done in administering vacoliter glucose and saline solutions, and then attach a standard intravenous tubing set.

The advantages of the method consist in (1) its simplicity, (2) the fact that there is no transfer of blood from one container to another, (3) absolute sterility of blood, (4)



Fig. 2. Photograph of the sealed bottle for prolonged storage of the blood, or for the transport of blood to the front lines during war.

the fact that, if necessary, the operator needs no additional assistance whatever, (5) that a very convenient method of blood storage is provided, and (6) that the apparatus may be most economically produced.

THE USE OF MEASUREMENTS IN MEDICINE

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One who has had occasion to read in the medical literature of fifty or more years ago may be impressed by the paucity of numbers or other mathematical designations of medical phenomena. In the present day, an article in our scientific medical journals is hardly worthy of serious consideration if there are not impressive tables of figures and accompanying charts. One may well ask if our present facility in translating medical observations into the realm of mathematics always brings the increased precision which is intended.

In the exact sciences there can be no doubt that the ability to measure a phenomenon accurately often represents a distinct forward step. The science of physics has developed in both the theoretical and practical aspects in large measure because of the accurate determination of such constants as the velocity of light, the mechanical equivalent of heat, the relative atomic

weights, the charge on the electron, the spectroscopic constants, et cetera. Accurate observations of physical phenomena are the basis of new "laws," and modifications of old "laws" are often demanded by new accuracies in mensuration.

While no one may question that the qualitative use of Fehling's solution is superior

to the earlier methods in making a diagnosis from the urine of a diabetic patient, one may doubt whether an exact quantitative estimation of the sugar would heighten our diagnostic acumen. Likewise one may doubt whether any further refinements in the determination of the blood urea nitrogen would improve the accuracy of our diagnosis of nephritis. A reliable estimation of this figure, with an error within 10 per cent, is quite as valuable as one with an error less than 1 per cent. The former is certainly preferable if the latter method requires complexities which in uncertain hands may yield unknown errors.

One of the great difficulties in the use of measurements in medicine is the wide variation which must be included in the normal state, and the lack of a sharp distinction between values in a normal and in a diseased state. It is helpful to regard these measurements as of two kinds: First there are those which express constitutional characteristics and which are subject to great variations in a normal group, and second are those which are independent of the constitutional type and which in a normal group fall within a much narrower range.

This latter group owes its narrow range to the necessity for a constant internal environment in which the organism may function. In this group could be counted such measurements as the hemoglobin and red blood cell concentrations in the blood, the physical and chemical properties of the internal body fluids including tissue fluids, cerebrospinal fluid, as well as the blood plasma, and the body temperature. It will be noted that measurements of those properties will not only fall within a comparatively narrow range for a normal group of one species, but will be fairly characteristic of related species as well, regardless of the size, functions, and habits of the individuals of the species.

The simplest measurements of the first kind are perhaps those of height and weight. Obviously these vary greatly in different individuals of the same species; and it is very difficult to establish "normal" values of real significance. Attempts to apply average values to a given individual are meaningless, for the individual has his own constitutional type, the norm for which may be quite different than the average of his group. Some measure of uniformity is achieved by correlating the weight with the

height, age, and sex; and this is of some value. Some have suggested that a more valuable correlation is that of body weight and body volume⁴ and perhaps we would use this correlation of the body volume if it could be determined as easily as the height. However, even these simple correlations are imperfect; and it is impossible to predict the height or weight of an individual except within wide limits.

The vital capacity of the lungs, or the amount of air which can be expelled from the lungs after the deepest possible inspiration, is a measurement of some physiological and pathological importance. Here, again, the values vary greatly in individuals of different form and habit, and attempts at the prediction of normal values from a correlation with other bodily measurements are only partially successful. A single determination in one individual is of very little value; although a series of determinations in the same individual during the course of a disease may be of considerable significance.

The estimation of the size of the heart, particularly with regard to the presence of an early pathological enlargement, is often of great diagnostic importance. The orthodiagram and the teleoroentgenogram provide a means for measuring the cardiac silhouette with accuracy. The difficulty, however, arises in finding criteria for computing the "normal" size of the heart for the individual under study. The number and complexity of the formulæ which have been derived for correlating the "normal" heart size with the weight, height, age, sex, chest diameter, et cetera, are evidence of the difficulties involved. It is apparent that the individual variations in the size and shape of the heart are so great that a "normal" size may be predicted from other bodily measurements only within wide limits.

Another measurement of this kind is the basal metabolic rate, a measurement which is being determined with great frequency in recent years, and to which much diagnostic significance has been attached. For purposes of predicting a "normal" value the best correlation has been with the surface area, but the early workers well realized that this was far from perfect. Some workers have favored a correlation with the body weight as more reliable. Talbot⁵ and his co-workers in a recent study of a homogeneous group of girls found large individual differences in their basal metabolism. There was about

the same degree of correlation whether the weight or surface area as computed by various formulæ was used. They emphasize that Rubner's "law" of the proportional relationship of metabolism and surface area is in no sense a causal one and that the various formulæ that have been derived "merely express an accidental relationship and not a physiologic law." Similar findings were obtained by Lewis, Kinsman, and Iliff in their recent study of the basal metabolism of normal boys and girls.³ Even with special groupings made for age and sex, the very considerable range of plus or minus 15 per cent is accounted the "normal" range; and it is well known that occasionally otherwise perfectly "normal" individuals are encountered with a basal metabolic rate which greatly exceeds this range. Thus with the use of the best correlating factors it is impossible to predict the basal metabolic rate for one individual with significant accuracy and "normal" individuals may differ by as much as 30 to 40 per cent. It is apparent that a person's basal metabolic rate is a particular and characteristic feature determined in large measure by his constitutional type, but influenced in part by the degree of physical activity to which he is accustomed, his nutritional state, and perhaps the climate in which he lives. This point has recently been emphasized in studies of the Carnegie Institute¹ on the basal metabolism of different types of cattle and horses where special functions have been developed to a high degree by breeding. Both cattle and draft horses were found to have a low metabolism, while dairy cattle and race horses have a relatively high basal metabolic rate.

It is not surprising that these differences are seen among human beings, as well, where there are all varieties of draft and race horse types in which differences are not revealed by age, sex, or measurements of the surface area.

A fifth measurement of this kind is the total blood volume. Dr. Gibson and I have recently had the opportunity to make a number of determinations of the blood volume in normal individuals by a new method of improved accuracy and reliability.² In the group which we studied there were great differences between individuals and attempts at correlation of the blood volume with the height, weight, or surface area were alike of limited success. By using the best of the

correlating factors only two-thirds of the individuals fell within the plus-minus 10 per cent range of the "average normal." We found certain tendencies in the group which were very analogous to similar findings in studies of the vital capacity and the basal energy output. The blood volume was generally lower in females, slightly lower with advancing years, and lower in the obese and those of sedentary habits. It was higher in males, and particularly those of an athletic nature with generous muscular development and in good physical training. It was obvious that the blood volume of an individual was dependent upon the relative proportion of blood, rich organs (muscle, viscera, skin, et cetera), and blood-poor organs (bone, fat). The basal metabolism and the blood volume are probably both ultimately related to the amount of active protoplasmic mass and as such are constitutional features which could be predicted only imperfectly from other common bodily measurements.

These considerations are not intended to decry the importance of such measurements, but rather to emphasize their peculiar features so that their true significance may be appreciated. Such measurements as the vital capacity, the size of the heart, the basal metabolic rate, and the blood volume, are like finger prints, a fixed and characteristic feature of the individual. Once these features are determined in a normal state, fluctuations observed in the course of disease or under therapeutic measures may be of very great significance. Further, valuable observations may be made by studying average values in large comparable groups where the effect of individual peculiarities becomes minimized.

An essay with this title would be incomplete without notice of the introduction of measurements into the once purely descriptive fields of serology, pathological histology, and auscultation. The use of numbers to indicate the "strength" of a Wassermann reaction or similar test is deplorable because of false implications, and fortunately has been so discredited that it is passing rapidly. The results of such a test, are more properly designated "positive," "doubtful," or "negative." The grading of tumors as a yardstick of malignancy is carried out in many quarters and the results are accorded mathematical importance. If the relative nature of such "grading" and the subjective character of the observation is kept in mind, surely no harm is done, but too often a

significance is attached to a mathematical symbol (even though it be a Roman numeral) which it does not possess. Similar reservations must be made for the grading of cardiac murmurs, although such a procedure has the value of standardization as a basis for comparison, and future observations which purely descriptive terms could not provide. Akin to the undue impressiveness which numbers may give to these observations, is the importance attached to statistical observations of the prognosis and incidence of various factors in a disease. In reporting the incidence of some feature in a small group of patients, an author may express his findings in a percentage to four significant figures, a presumption of accuracy usually far beyond what his material warrants. Most often his finding would be more truly conveyed by such expressions as "occasionally," "frequently," or "rarely." Prognosis is always a feature of the greatest interest in any disease; and much attention has been given to

an accurate determination of various factors in prognosis. Statistical analysis of comparable groups of cases provides valuable data for a correlation of the prognosis, with the effect of treatment and other factors. It must be remembered, however, that, regardless of the accuracy with which the prognosis is known from the statistical analysis of a large series of cases, the prognosis in the individual case is wholly uncertain and indeterminate.

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OPERATIVE MANAGEMENT OF DEPRESSED FRACTURES, BULLET AND OTHER PENETRATING WOUNDS OF THE HEAD

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This report is based on eighty operated cases of simple and compound depressions and fifteen operated cases of bullet and other penetrating wounds of the skull. There were thirty-three simple and forty-seven compound depressions.

Simple and Compound Depressions

In the accompanying table salient points are brought out. It is to be noted that the mortality is much higher for compound fractures. It is also interesting to observe that the death rate is very low when the pathology involves the anterior third of the skull. Focal findings were infrequent and when present they were invariably caused by associated damage to the brain. There were six cases of hemiplegia, seven of convulsions, two of aphasia, and one of extra-ocular palsy. Fifty per cent of the entire group had slight or no clinical evidences of brain damage.

On the whole, indication for operation in cases of simple depression is based upon the degree of depression, regional position, and signs and symptoms caused by the depression. As a rule simple depressions are not emergency cases and one can frequently wait for several days before elevation or repair of the defect is undertaken. Slight de-

pressions in the forehead area are treated conservatively.

In case of compound fracture operation is indicated in order to obviate intracranial infection; hence, the sooner repair is effected the less the likelihood for such a complication. At times hair, bits of clothing, dirt, glass, et cetera, are found in the most remote portions of a compound depression. They do occur and the external appearance of such a lesion, however clean, should not cause one to hesitate. Cases of compound depressed fracture should never die from

MANAGEMENT OF WOUNDS OF THE HEAD—GURDJIAN

EIGHTY OPERATED CASES OF SIMPLE AND COMPOUND DEPRESSIONS

Clinical Evidence Brain Injury			Location of Fracture			Focal Signs				Ratio of Simple and Compound		Results	
Slight or none	Definite	Severe	Anterior 3rd of skull	Middle 3rd of skull	Posterior 3rd of skull	Hemiplegia and Hemiparesis	Convulsions	Aphasia	Extra-ocular palsy	Simple	Compound	Recovered	Died
39	22	19	36	39	5	6	7	2	1	33	47	66	14
			33	3	30	9	3	2		31	2	35	12
			8.5%	23.0%	40%					6.0%	25.5%	17.5%	
Mortality Per Cent						Mortality Per Cent							

intracerebral infection. The management of simple and compound depressed fracture was discussed fully in an earlier paper. The methods of approach are as follows:

1. Debridement—if compound.
2. Removal of the area of depression, by rongeur.
3. Elevation of depression by means of a bone elevator passed under the area of depression through a small opening to one side of the defect.
4. Mass removal of the area of depression including a strip of normal bone surrounding it. After readjusting the depression, replacement of bone flap.
5. If the area of depression is beyond repair or if pieces of bone have to be discarded because of contamination, the defect may be treated by transplant from the outer layer of the skull at the same time.

It is important to plan the operative attack in these cases, particularly where such depressions occur in portions of the skull not covered with hair. With a certain amount of pre-operative planning, ugly post-operative defects may be eliminated. In our own practice we practically always use the method of removal of the entire area of depression by trephine followed by replacement of the button of bone after readjust-

ment of the depressed pieces. The indiscriminate use of the rongeur is not desirable. Of course, when the wound is hopelessly contaminated, pieces of bone are discarded. If it is at all possible the wound is closed without drainage except in the region of the frontal sinus.

Of particular interest in this group study are sixteen cases of compound depressed fracture through the frontal sinus and orbital region. The mortality is very low. The dura was found exposed in twelve cases. There were dural tears present in seven cases. Cerebrospinal fluid rhinorrhea occurred in one case ten weeks after repair. He was treated by absolute bed rest for six weeks and the rhinorrhea has stopped (two years). There was one case of brain and subdural abscess with recovery after drainage. I feel that compound depressions in this region should be operated on as soon as patient's condition permits. Simple depressions, if slight, are better treated conservatively. Operations in this area are almost always followed by devastating defects in the forehead; usually the bones are

SIXTEEN OPERATED CASES OF COMPOUND DEPRESSED FRACTURES THROUGH FRONTAL SINUS AND ORBIT

Clinical Evidences of Brain Injury			Dural Tears		Complications			Results	
None or Slight	Definite	Severe	Present	Not Present	C.N.S. Rhinorrhea	Infect.	Brain Abscess	Rec.	Died
5	7	4	7	9	1	3	1	15	1
					Rec.	Died	Rec.	Died	
					1	0	1	0	

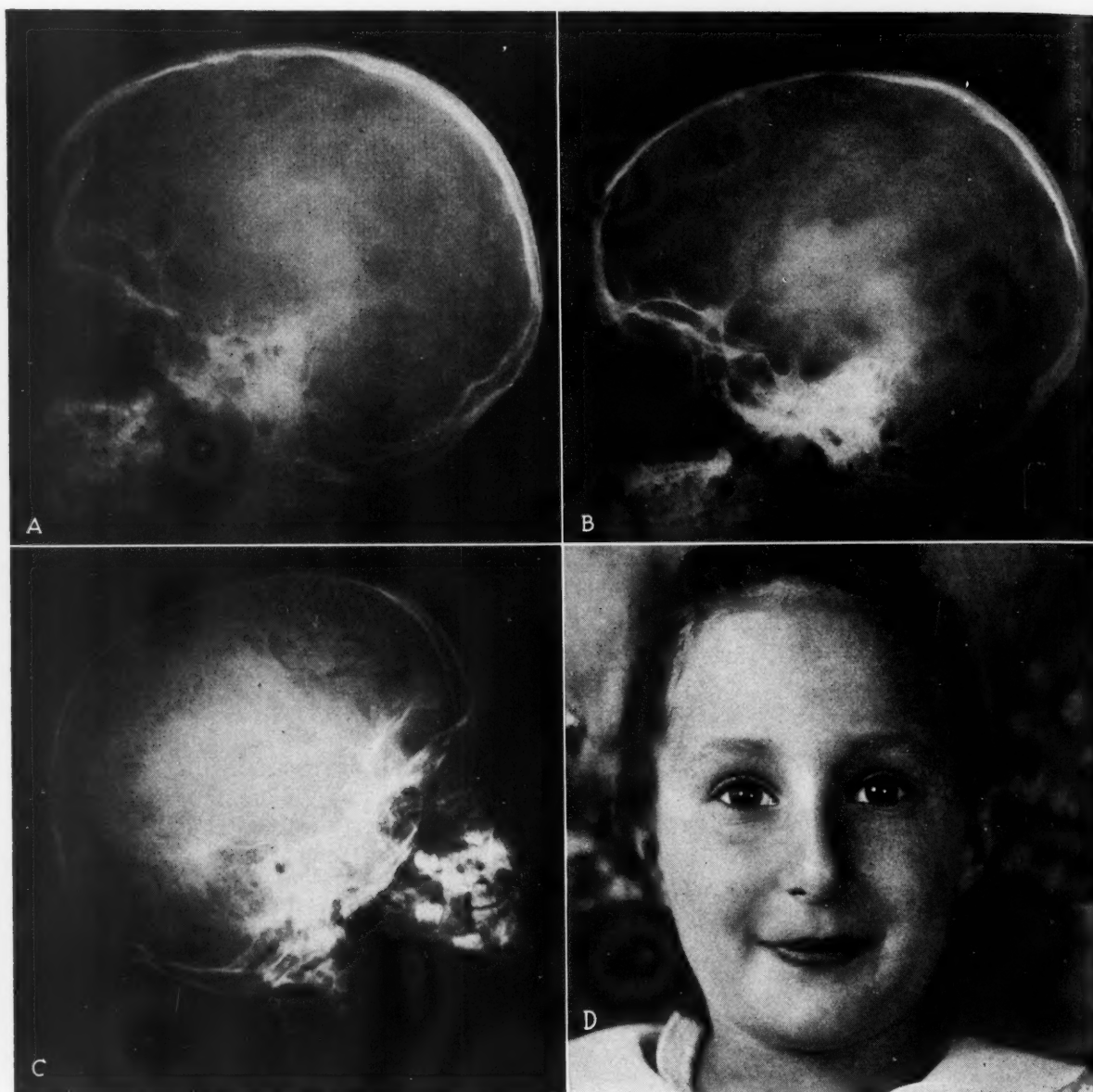


Plate I. *A* shows a compound depressed skull fracture of the mid forehead. Instead of rongeurizing it away the entire area of depression was elevated, as seen in *B*. *C* shows a compound comminuted depressed fracture of the right forehead region after repair. In *D* the end-result may be seen. The contour of the forehead is well retained.

crushed beyond plastic repair and careful work necessitates good exposure. Dural tears are sought for and repaired if possible; if not, packing of the area to hold the dura against the brain, as suggested by Peet, is excellent. The majority of these patients have to return at a later date for plastic repair.

Local anesthesia and in some cases block anesthesia is excellent. Installation of a few drops of 2 per cent novocain solution in the supra-orbital notch on both sides with some infiltration of the intervening area gives a large anesthetic skin surface for cases with forehead involvement. If the pathology extends a little more laterally branches of the auriculo-temporal nerve can also be infiltrat-

ed along the anterior aspect of the ear. Good pre-operative medication is very helpful and for this purpose I do not hesitate to use good doses of morphine and scopolamin.

Bullet Wounds

Bullet wounds of the skull and intracranial contents present a problem similar to that of compound fracture of the skull. Cases of bullet wound of the head may be grouped into two general classes. First, those with no fracture, and, second, those with fracture or perforation of the skull. The wound of the scalp among cases with no fracture of the skull may be, first, through and through, in which the bullet penetrates the scalp and travels a distance beneath it and makes its

exit at a different point; second, grazing wounds, in which the scalp is struck tangentially and a cut in the form of a furrow is thus obtained; and, third, puncture wounds in which a rounded and punched-out wound is present. The fact that there is no fracture of the skull does not eliminate a possible intracranial involvement. In one of our cases subdural hematoma complicated a gunshot wound of the head with no fracture or penetration of the skull. It must be admitted, however, that the greatest majority of cases with no fracture of the skull are asymptomatic and do very well indeed.

Among those with perforation or fracture of the skull there may be only a wound of entrance or there may be a wound of entrance and one of exit. When cases of bullet wound of the head with perforation of the skull are classified on the basis of their general course in the hospital, three groups are encountered: (1) Those who enter the hospital in a moribund state and die soon after; (2) those who look very ill and continue long enough to develop evidences of increased intracranial pressure (increased respirations, ascending temperature) and die within twenty-four to thirty-six hours; (3) those who look good irrespective of apparent trauma. It is this third group who deserve more of our attention. The management of gunshot wounds of the head is essentially the same as the management of compound fracture of the skull. There are some differences, namely, that the bullet may remain in the cranial cavity and that there is greater possibility of pieces of bone being dispersed through the brain in direct vicinity of the wound of entrance. The aim is prevention of intracerebral infection and to minimize post-traumatic sequelæ. The wound is debrided in the usual manner, all foreign particles and pieces of bone are removed, the softened and necrosed brain tissue is carefully sucked away and the wound is closed without drainage except in the region of the frontal sinus. When the bullet is lodged in the brain close to the wound of entrance, removal of same is desirable. However, if it is at a greater distance from its point of entrance, such as diagonally across in the opposite hemisphere, no attempt is made to remove it so long as the patient carries on satisfactorily. There are many in this group who carry a bullet in the head which apparently causes no dysfunction; however, we realize that, in a few cases,

post-traumatic sequelæ may not be evident for years. In some there may be eventual evidences which spell surgical intervention for removal of the bullet or a cyst surrounding it.

It is important to treat shock before any surgical intervention is effected. In some cases because of the precarious condition of the patient I have waited as long as thirty hours before operation was performed. The wound is closed without drainage. Careful and thorough debridement is necessary. At times the bullet forces in foreign particles, bits of clothing, hair, et cetera, into the brain. These should be removed with meticulous care.

In one of our cases the forcing in of bits of sheepskin coat collar by the fragments of a bullet was directly responsible for the saving of the patient's life. The bullet grazed the inferior aspect of the left lateral sinus, making a hole of one-half centimeter in diameter. Tufts of sheep hair were found plugging the hole and this undoubtedly averted fatal hemorrhage. The plugging of the hole in the sinus was helped to a great extent by the fragmentation and slight depression of bone fragments. After thorough cleansing, the opening in the sinus was closed with a large piece of muscle obtained from the patient's leg.

Stab and Other Penetrating Wounds of the Head

Penetration of the skull by knife blade, ice pick, glass, umbrella end, and by many other unusual tools or everyday utensils is possible. In one of our cases an ice pick entered the skull in the line of the sagittal suture and perforated the sagittal sinus.

In the management of penetrating wounds of the skull two important possibilities should be kept in mind: first, that such penetrating wounds may be through vascular channels of the cranium (sinuses, meningeal vessels, large dioloë); and, second, that there may be an introduction of infection. The majority of patients with penetrating wounds of the skull are surprisingly asymptomatic and it is only occasionally that intracranial hemorrhage due to tear or rupture of venous or arterial channels does obtain. Infection is seldom introduced into the cranial cavity. This may be partly explained by the fact that during the period of thrust any dirt on any object may be held back as it enters the scalp. It has been our experience that a careful cleansing of the wound of entrance, removal of the foreign body, if a portion of

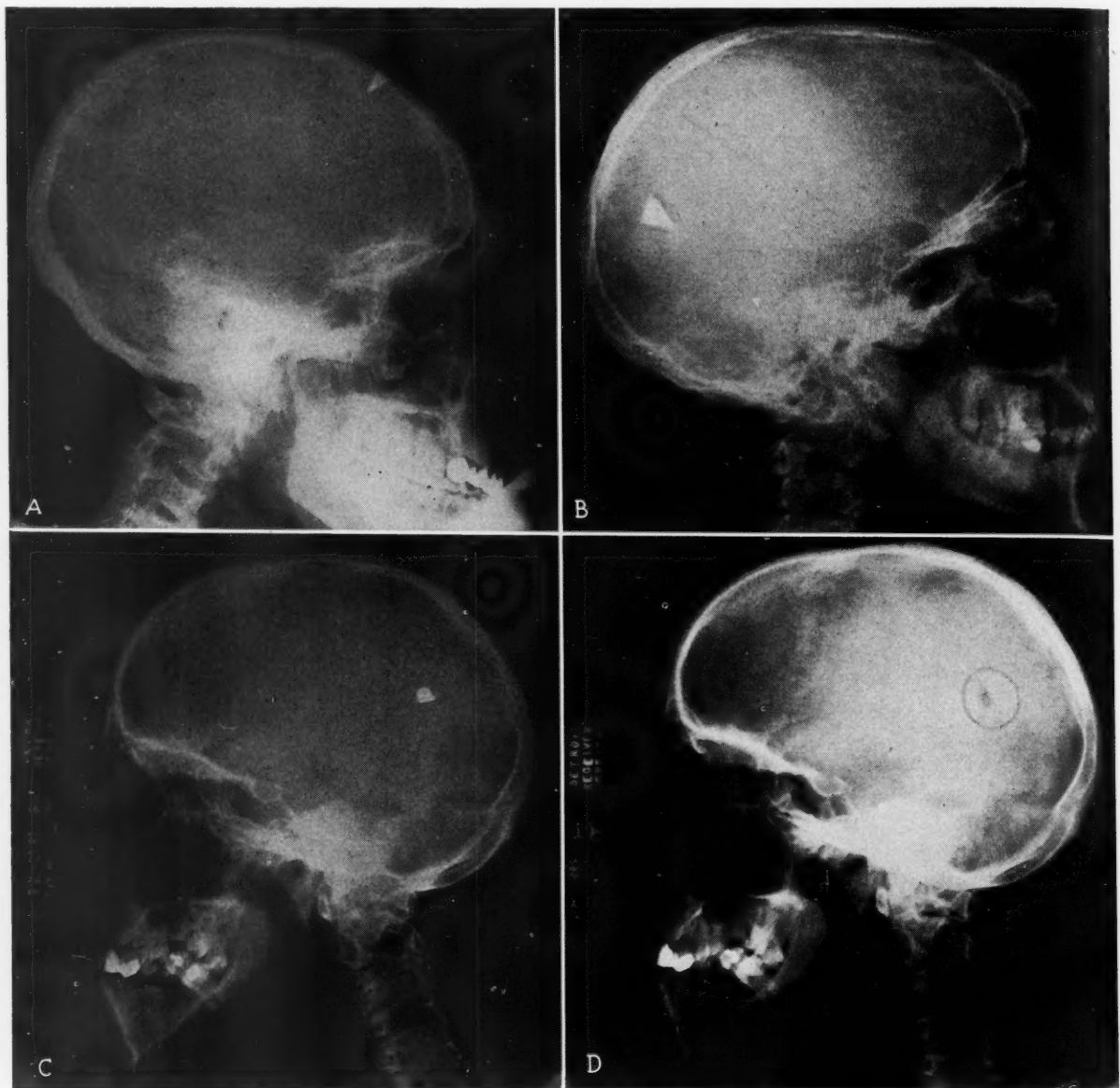


Plate II. *A* and *B* show the end of knife broken in the skull and cranial cavity. *C* and *D* show a method of treatment which saves the bone.

it still remains in the cranium, is usually sufficient to end the case. Where the penetrating object has already been completely removed by the patient or the assailant, probing except under strictly aseptic conditions is contra-indicated.

Where the end of a knife is broken off in the skull its removal becomes very simple by trephining and removing a button of bone surrounding the object. After removal of the object the button of bone may be replaced.

Summary

1. Prognosis for life in depressed fractures is best when the anterior third of the skull is involved. In this series the mortality is 8.5 per cent for anterior third, 23 per cent for middle third, and 40 per cent for

posterior third depressions. In the management of depressed fracture in portions of the skull not covered with hair the possibility of postoperative deformities should be kept in mind. A little pre-operative forethought is at times sufficient to obviate such sequelæ in the greatest majority.

2. Bullet, stab, and other penetrating wounds of the head are treated essentially in the same manner as any other compound fracture. It should be remembered that penetrating wounds may involve arterial and venous channels in the head, the early recognition and treatment of which may save the patient's life.

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MATERNAL HEALTH ASPECTS OF COMPLICATIONS OF PREGNANCY

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As civilization advances it seems to increase the hazards of the reproductive function, and the responsibility which attends the management of the parturient woman is becoming progressively more exacting.

Physicians who are vitally interested in maternal health problems look forward to the day when the obstetric art will progress to such a degree of perfection that all women who become pregnant will find themselves in a satisfactory physical and mental condition, assured of an uncomplicated, uninterrupted and otherwise normal outcome. Furthermore, obstetricians visualize the time when all women in whom childbearing causes a serious hazard because of organic disease and other conditions, will be prevented from becoming pregnant by scientific and harmless and efficient contraceptive advice and treatment.

The writer believes that the medical profession is on the threshold of an intense awakening to the necessity of seriously undertaking to reduce the complications of pregnancy.

The general diseases incident to pregnancy, as has been observed by many physicians, are most likely to be disorders of those functions most concerned with gestation, such as the general metabolism, liver, kidneys, and blood. Examples of accidental diseases are tuberculosis and cardiac disease.

While such important complications as tuberculosis, heart disease and toxemia constitute only a small number of the ailments which may afflict the parturient woman, they furnish excellent examples of the necessity of safeguarding her even before conception occurs and of contributing to her maternal health, a service that will protect her during the antepartum, intrapartum, and postpartum phases.

The improvement of maternal health is a responsibility which rests upon the entire profession. Periodical physical examinations should be given to the entire public and particularly to adolescent and adult females. It is important that a prenuptial physical examination be made so that organic disease of the lungs and heart or any other pathology can be detected and evaluated in relation to the question of pregnancy. Following marriage every woman should be examined at stated intervals with reference to her reproductive possibilities, and just as soon as pregnancy is suspected she should place herself under obstetric supervision.

There is no branch of medicine more important and far reaching than that of improving the standards of maternal health in every community. The writer maintains that it is a community responsibility and obligation of the physicians in each county medical society to render to each expectant mother the highest degree of maternity service of which they as individuals and as a group are capable.

The remarkable advance which has been made in surgery and medicine, in both prevention and practice, are well known to all. But it is humiliating to obstetricians to realize that the oldest medical specialty occupies such an inferior position in the curricula of medical schools, in the estimation of the average practitioner and in the eyes of the public.

In spite of this, the writer is optimistic enough to believe that there are forces at work of national scope which, if mobilized intelligently, will result within the next quarter of a century in reducing maternal mortality and morbidity almost to a vanishing point.

Seventy-five per cent of the complications of pregnancy are considered preventable. How can the profession in any given state improve its maternity service and avoid these complications?

A national organization known as The American Committee on Maternal Health was incorporated in April, 1934. Part of its official purpose as stated in its by-laws is:

"To awaken and stimulate the interest of the members of the medical profession in coöperating with public and private agencies for the protection of the health of mothers and their offspring before and during pregnancy and labor and after confinement, to the end that the conditions which menace and interfere with the health and life of the mother or infant may be improved or prevented, and disease and disorder corrected and prevented, health promoted, and life saved; to teach the principles and

practices of general and personal hygiene and health to parents, to improve and generalize the standards and methods of training physicians and nurses and others dealing with the problems of maternity."

The National Committee desires to cooperate with all State Committees and County Society Committees that are in existence at the present time, and hopes to see in every State Medical Society, and in every County Medical Society an active Committee on Maternal Health.

Improvement in obstetric service can be attained by attacking the problem from three different important angles.

The practical training and experience of medical students must be increased by furnishing them with sufficient clinical material approaching the actual work which they will encounter in hospitals and homes and their offices when they enter actual practice. At the University of Michigan, as an example, the amount of clinical obstetrical material is far from adequate. I have been told by comparatively recent graduates from that institution that they participated in only two cases of delivery and observed only a small number of women in actual labor. The writer cannot too strongly recommend that the Michigan State Medical Society through its proper channels immediately take steps to increase the obstetrical clinical material at the University of Michigan. A better training of medical students in Obstetrics is fundamental and is one of the major considerations in suggesting a "New Deal" for expectant mothers.

The second attack must be an effort to give more postgraduate obstetric instruction, especially to older practitioners who live remote from larger medical centers. In this connection, postgraduate courses sponsored by the University of Michigan and the Michigan State Medical Society under the able directorship of Dr. J. D. Bruce are of inestimable value and in the field of obstetrics could be given more frequently than once a year with great advantage. One must bear in mind that the bulk of obstetrics in Michigan and elsewhere is being done by general practitioners many of whom have not had the opportunity of special training in that branch of work. The writer has learned from considerable experience in addressing medical groups on obstetric subjects that physicians are most anxious to improve themselves in this branch of their work.

A final attack must be directed toward

the education of the public as to what constitutes adequate maternal service and this, in the writer's opinion, is of very great importance. Every expectant mother is entitled to know the truth about the type of obstetric care she is about to receive and this can be done only by continuous instruction from the medical profession.

There always has been a wide gulf separating the lay public and the ethical and scientific medical profession. Upon that gulf have sailed and continue to sail the crafts of a diverse group of cults and irregular practitioners who pursue a livelihood by attempts to practice the healing art without sufficient training, without sufficient conscience, and without a proper perception of the responsibility involved. The public must be informed as to the competency of the individual who renders medical service and this information can only filter into the minds of the public by education and propaganda emanating from the medical profession itself. Therefore, in the field of maternal health particularly, those who are vitally interested must carry the message of better obstetrics to the public by informing them of what constitutes at least a minimum standard of maternal care, thereby advising them what service they should expect if they are to avoid many of the complications of pregnancy. This information should be given to the public by every means that is ethical, legitimate, honest and in good taste; it is as much needed in urban as in rural communities. The public must be reached by members of the medical profession through the medium of the speaking platform, the public press, radio and moving pictures. The crusade must be continued until proper maternal care is within the reach of every woman in every community and until the public realizes that good obstetrics is a good investment.

This is an urgent current problem which can be solved by the medical profession first putting its own house in order and then enlightening the public, who will, as a result, demand a correspondingly higher standard of obstetric service.

A complete maternal health service during pregnancy may at any time require consultative opinion from the various specialists such as the cardiologist or urologist or expert in pulmonary pathology and more particularly the physician who is well trained in operative obstetrics. The lack of proper

consultation in obstetrics is responsible for much of the mortality and morbidity which at the present time are associated with maternity work.

Many women are permitted to give birth to a child or two in spite of certain complications which either antedate or occur during pregnancy, and the writer believes that when such questions arise advice given constitutes one of the most important problems and responsibilities in the field of maternal health. It requires discriminating judgment to decide for an expectant mother what course to pursue in the face of complications actual or anticipated.

Physicians who do obstetrical work assume a dual responsibility even in the normal case; but they are faced with tremendous problems when serious complications arise. If they view these problems from a broad and conscientious maternal standpoint it will be necessary for them to determine such questions for the married woman as: first, the advisability of endeavoring to have a family; second, the interlude between pregnancies; third, adequate and harmless contraceptive treatment particularly in cases where serious complications are present; fourth, the prevention of complications during pregnancy; fifth, the conservative treatment of complications that cannot be prevented; sixth, the safest way to interrupt pregnancy if it becomes necessary; seventh, the conduct of labor in cases where in spite of complications the pregnancy continues to full term.

Many other problems present themselves in the field of maternal health which should constantly remind the physician of the importance and gravity of his responsibilities.

It may be of interest to review some of the activities of the Committee on Maternal Health of the Michigan State Medical Society appointed by President Penberthy for service during the present year. The most important project initiated was an obstetric survey for the purpose of ascertaining the type of obstetric work being done

in the State at the present time. The survey blanks were prepared after a great deal of deliberation and at the present time they are in the hands of all physicians in the State who do obstetric work. The physicians were requested to fill out a blank for each case they delivered during the months of January, February and March, 1936. The Committee endeavored to prepare these blanks so that the questions would be sufficiently easy to answer and so that the answers would be informative and practical.

In this work the committee was assisted by the United States Public Health Service, which organization will complete the statistical work. The success of the survey will depend entirely upon the thorough way in which the individual physicians reply. We believe that a careful analysis of this survey will be of great assistance to us all in improving the standard of maternal health in every part of our commonwealth.

Realizing that this survey could be better accomplished by the appointment of maternal health committees in all counties, the State Committee suggested that the presidents of all county societies appoint a committee on maternal health. At the present time over fifty committees have been appointed whose functions it will be to deal with all local conditions relating to maternal health.

The committee, through the financial support of the Michigan State Board of Health, has supervised the making of a prenatal movie for presentation before lay audiences. It has also arranged to furnish medical speakers throughout the state to discuss maternal health problems, and some lectures have already been given.

The writer believes that the dovetailing efforts of the National, State and County Society Committees on Maternal Health will, in due time, have such a profound influence on the profession and on the public that they will result in greatly reducing the complications and hazards associated with pregnancy.



LIQUIDATING YOUR PRACTICE

By ALLISON E. SKAGGS, and HENRY C. BLACK

IN previous articles we have attempted to outline briefly some of the simple fundamentals of good business procedure as they relate to medical practice. In continuing, we propose to discuss some of the more intricate business problems which frequently arise, and to which the best solutions are less clearly defined. It is not our intention, in any way, to represent ourselves as an authority on these subjects; on the contrary, we feel that we will have accomplished much if we are successful in pointing out the pitfalls that we have observed and show the way to eliminate some of them.

While most doctors have made their will, comparatively few leave any definite instructions as to the method to be used in liquidating the practice in the event of their death. Any doctor who has had the unfortunate task of trying to straighten out the affairs of one of his deceased colleagues would certainly take the comparatively short time necessary, in his own case, to record *all in one place* that information which is not only valuable to him, but invaluable to anyone else who by necessity is forced to step in and take charge of liquidating his estate.

The plight of the doctor's widow, still suffering from the shock of her loss, without accurate records of property values or liens against them, and trying to follow the well-meaning but varied advice of a dozen relatives and friends, is sad indeed and entirely unnecessary. Either as a part of the will or accompanying it should be definite instructions as to the sale of the practice, including drugs and equipment, and the liquidation of outstanding patients' accounts, as both will bring a much higher return immediately than after months of indecision.

Liquidation of Accounts

Although the complete liquidation of patients' accounts will necessarily drag along for months and even years, prompt action in sending out statements and correspondence requesting definite arrangements for settlement will multiply by many times the amount that may eventually be collected

from them. The regular monthly follow-up of all accounts is a routine the value of which is obvious, and if this correspondence is repeatedly ignored the services of a local bonded collection agency are indicated.

Sale of Practice

The sale of a "going concern" always brings more money than the equipment will bring for its salvage value, so naturally the practice should be sold as a unit, if possible, to a new man who would appreciate the initial advantage of continuing a practice rather than having to start a new one. Often drug or equipment salesmen know of young doctors looking for just such openings and can be of great help. Prompt action is, of course, imperative if such a sale is to be made before the patients form the habit of turning elsewhere for medical care.

Sale of Drugs and Equipment

Where sale of the practice as such has been for some reason impossible, the only thing left is to sell the drugs and equipment to whoever will buy for whatever they will pay, and again some of the more substantial drug and equipment salesmen can and usually will help out by selling these things at a fair price, less their commission, to various doctors of their acquaintances who they know have use for them. Usually the money received from such sales is disappointing as compared to the original purchase price, but this is to be expected.

Competent Advisors

Since, to get the best results, many of these ideas must be carried out without delay it is well to specify along with the will that the doctor's widow may look to some trusted friend for immediate advice in carrying out these imperative details. Possibly it may be a business man, an experienced office girl, or a fellow practitioner whose business judgment is sound, but the essential thing is that the instructions specify in detail just what you would have done, how and by whom. A competent attorney, preferably the one drawing up the will or instructions, should also be consulted as to the legal

(Continued on page 780)

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OCTOBER, 1937

*"Every man owes some of his time to the up-
 building of the profession to which he belongs."*

—THEODORE ROOSEVELT.

EDITORIAL

THE PRESIDENT

Dr. Henry Cook of Flint becomes president of the Michigan State Medical Society for the year 1937-38 by virtue of having been elected president-elect by the House of Delegates a year ago, and Dr. Henry A. Luce has been elected to the position of president-elect. Dr. Cook comes to the office well grounded in the requirements of the position. He has served 10 years as councillor of the sixth district and, following the late Dr. Julius Powers, he held the position of chairman of the council until a year ago, when, as president-elect, he was succeeded as chairman of the council by Dr. Paul Urmston. Dr. Cook has given unstintedly of his time and ability in the interests of the Michigan State Medical Society. Following his graduation from the Detroit College of Medicine twenty-eight years ago, he located in Flint, which was fast becoming one of the great automobile centers of

American. Dr. Cook has not only served his profession in an executive way, he has also served his city in a civic way. He has taken



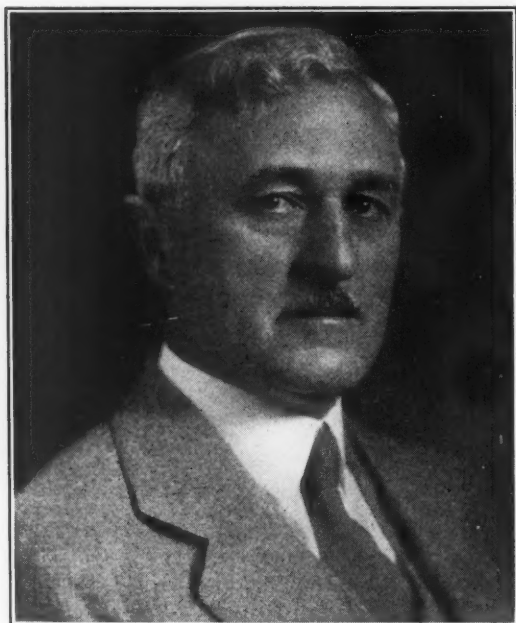
HENRY COOK, Flint
 President

an active interest in local education, where he has been a member of the school board and chairman as well.

Dr. H. A. Luce has had a long and intensive experience in medical affairs. He was president of the Wayne County Medical Society in 1925 and 1926. To the Michigan State Medical Society, he was a delegate for ten years, and was speaker of the House of Delegates in 1934 and 1935. He is delegate from Michigan to the House of Delegates of the American Medical Association for the fourth term. He has practiced in Detroit as a general practitioner for thirty-two years, and more recently he has limited his work to neurology and psychiatry. The Society is to be congratulated on the election by acclamation of Dr. Luce.

The presidency of the Michigan State Medical Society of recent years has come to be almost a full time occupation. Until less than a decade ago, the president of the state medical society was chosen by the membership at large, when the position was bestowed upon some venerable member the profession wished to honor. It was, therefore, largely an honorary position. The trend in medicine within recent years has demanded that the chief official be specially trained, which was happily effected by the year's probation of president-elect. The per-

son so chosen must look upon his year of office as a sabbatical year from his practice, except that it comes once in a lifetime instead of once in seven years. Presidents in



HENRY A. LUCE, Detroit
President-Elect

the immediate past have so viewed it. Dr. Perry took up a temporary residence at Lansing during the legislative session when so much legislation that had a bearing on medicine was being considered. The successful efforts towards the consolidation of Michigan Medicine were accomplished in many ways: one, the moving of the executive office to Lansing and the employment of a full time executive secretary; another, the holding of so-called "state nights" when the president and officers of the Michigan State Medical Society got together as the guests of many of the larger county medical societies for a social and business evening. However, it was all worth while, for it promoted a spirit of unity of the Michigan profession, a team spirit which has been productive of worthwhile results.

THE PASSING OF A GREAT MEDICAL EDITOR

SINCE going to press with the September number of this JOURNAL, news has reached us of the death of Dr. George H. Simmons, one-time editor and general manager of *The Journal of the American Medical Association*. The younger, or should we say

youngest, generation is doubtless not very familiar with the services of Dr. Simmons to the medical profession of the United States. When a prominent person passes off the scene, too often he is apt to be forgotten or, perhaps better, not remembered as he should be by the younger generation, so swiftly do things move in this transitional age.

Probably more than anyone else, Dr. Simmons deserves credit for the present highly organized and efficient American Medical Association. His early life was spent in England, where he was born eighty-five years ago. He came to the United States while a young man and received his medical education in this country. Dr. Simmons showed every indication of editorial ability early in life. Before entering upon the study of medicine, he was active editor of the *Nebraska Farmer* and assistant city editor of the *Nebraska State Journal* as well as field correspondent of the *Omaha Republican* and the *Kansas City Journal*. Probably, there is no other kind of schooling that enables one to express his thoughts on paper with clarity and force equal to the education afforded by a few years in daily newspaper work. Such was the preliminary training with which Simmons entered the field of medicine.

In 1899, the board of trustees of the American Medical Association looked about for a secretary for the organization and editor for its periodicals. A number of strongly endorsed applicants sought the position. Dr. George H. Simmons was finally selected for the position of general secretary of the American Medical Association, which he held from 1899 to 1911, and editor, which position he occupied until 1924, when he resigned. In 1901, he became general manager of the Association. It is a long and interesting story which we will not relate; suffice that Dr. Simmons was greatly instrumental in the re-organization of the American Medical Association which took place in 1901. *The Journal of the American Medical Association* was established in 1883. When Dr. Simmons took over the supervision and management, the subscription list was about 10,000. From that time, the *Journal* has grown in number of subscribers and members, and consequently in influence. Simmons initiated a fearless crusade against quackery, which is well-known to the doctors of a generation ago. Since the re-organiza-

tion of the Association, new duties have been added, the council on medical education and hospitals in 1905, later the Council on Pharmacy and Chemistry, the American Medical Directory and various specialist publications, such as the *Archives of Internal Medicine*, *Neurology and Psychiatry*, *Dermatology and Syphilology*, and of *Surgery*. To him also must be accredited the initiation of a quarterly cumulative index of leading medical publications which was later to be combined with the *Index Medicus* into the *Quarterly Cumulative Index Medicus*. *Hygeia* also appeared while Dr. Simmons was editor and general manager of the *Journal*.

His personal writings were few, we are told. This statement, doubtless, has reference to set essays or monographs. However, the amount of actual writing which an editor performs, which is published anonymously from week to week or month to month, as the case may be, in a few years is simply enormous.

Dr. Simmons, as noted, retired in 1924 at the age of seventy-two. Since that time, he had lived a well rounded life. His passing removes from the profession a personality full of years of service. The debt of gratitude of the medical profession, to him, is very great.

SILICOSIS

SILICOSIS has come into the limelight with the enactment of the Michigan Occupational Diseases Law. Not that the condition is so wide spread or that disabling cases are so numerous; its importance at the present time has a legal rather than clinical significance. Should an apparently healthy man be deprived of his means of earning a livelihood? Should an employer assume the risk of thousands of dollars in the event of a silicotic person contracting pulmonary disease?

What is silicosis? "Silicosis is a disease due to breathing air containing silica, characterized anatomically by generalized fibrotic

changes and the development of miliary nodulation in both lungs, and clinically by shortness of breath, decreased chest expansion, lessened capacity for work, absence of fever, increased susceptibility to tuberculosis, and by characteristic x-ray findings." So runs the definition of the Committee on Pneumoconiosis of the Industrial Hygiene Section of the American Public Health Association. According to Ling,* "The important symptom (of silicosis) is a gradual development of shortness of breath on comparatively slight exertion, accompanied by a dry cough; as the fibrosis increases, the dyspnea becomes intensified and the affected person is not only unable to resist comparatively slight pulmonary infections, but is also very prone to the development of active tuberculosis." Silicosis is then the result of inhalation of air laden with particles of silica fine enough to enter the smallest air spaces of the lungs. It is believed that toxic substances inhaled are much more dangerous than when absorbed through the intestinal tract. In other words, owing to the detoxicating work of the liver, substances absorbed through the alimentary tract are less harmful than the same substances inhaled.

Industrial medicine has been long aware of hazards of occupation and precautions have already been taken in the way of prevention. The well lighted and well ventilated industrial plants are evidence of the efforts of industrialists to guard the health of their employees. Grinding operations, as a rule, must be performed under running water or oil as the case may be. Special suction fans carry off dangerous fumes. It is the duty of industrial hygienists to see that continued efforts are directed towards diminishing health hazards surrounding certain industries. The Occupational Disease Law will have the effect of accelerating efforts in this direction. It will also make more stringent the selection of workers in various industries. Physicians, whose duty it is to examine employees and prospective employees, will be called upon to assume a responsibility that must not be lightly undertaken.

*Ling, T. M.: Recent Advances in Industrial Hygiene and Medicine.



The Editor's Easy Chair

READING

Many centuries ago an inspired writer said, "Of making many books there is no end," and he also supplemented the statement with the remark that, "Much study is a weariness of the flesh." One wonders what Solomon would say if he were alive today. While books appear during almost every month of the year, autumn is the time when the majority of new books appear.

In order to be at all conversant with pressing problems of the day, one requires to devote considerable time to reading. Many confine their reading to current magazines; more read simply pocket-sized digests of current magazines. I believe that most doctors are slow readers. The reader of scientific literature is almost invariably a slow reader, inasmuch as he acquires through years of study the habit of weighing each sentence or paragraph. He must do this, otherwise he accomplishes nothing. The slow reading habit, however, is absolutely out of place when it comes to the perusal of works of fiction. To read "Gone with the Wind" or "Anthony Adverse" as one would an Osler's Practice or a work on pathology would be a sheer waste of time. We know of very few doctors who have read either of those works of fiction. For the sake of covering greater quantities of fiction, I am not advocating a change in habit that has stood one well during his student and later years in medicine. The physician in reading medical literature does not often begin at the opening chapter of a book to continue through to the end, unless the book is a monograph on some phase of a subject in which he happens for the moment to be interested. He is more apt to use his library as a means of enlightenment on some particular subject, much as he would resort to a dictionary to look up an obscure word. Medical journals are usually read selectively. Some have the habit of removing articles from their medical journals and filing them for future perusal.

Reading may be used as a means of recreation. Recreation is largely an affair of the mind anyway. Mere exercise is not recreation. Were it so, why a vacation for those already engaged in non-sedentary occupations? One may experience a change of scene by means of a book as well as a change of scene by travel. Variety or diversity may be had by reading several books at a time. This, of course, does not mean glancing from one to another until one has covered four or five; with a little practice, one may read a chapter or three or four chapters in one evening and conveniently turn to a different work the following evening, to return to the first volume at some other convenient time. He will have the same experience as he would in the company of different friends at different times. Sometimes a book will hold one if it is not too long until he reaches the end. Sometimes a change to several books in one evening will be found most restful and satisfactory.

No matter what one's occupation (this, however, is for medical readers) there are certain pressing subjects as mentioned, outside of medicine, about which the intelligent doctor must inform himself. We do not see how anyone with any pretense to intelligence can afford to neglect the political situation. The basic philosophy of current politics is probably studied to better advantage in some of the more thoughtful magazines such as the *Yale Review*, or *Harpers*, *The Atlantic* or *Forum* or other journals of opinion. The foreign situation is also another subject. The radio and airplane have knit the whole world into a large community. And then there is the subject of socialism, so generally opposed by almost all of us. A clear knowledge of socialism should be sought if one is to be an intelligent critic.

Then there is biography. A biography well written makes for interesting reading almost regardless of the subject. Carlyle once said in his biography of the rather obscure and prosaic John Sterling, "A true delineation of the smallest man and his scene of pilgrimage through life is capable of interesting the greatest man; each man's life is a strange emblem of every man, and human portraits faithfully drawn are of all pictures the welcomest on human walls." The present day is particularly rich in biog-

raphies. Many interesting lives of prominent personages of the immediate and more remote past have been made the subjects of research—great characters described by great biographers. Apart from medicine, we would like to suggest "The Flowering of New England," by Van Wyck Brooks, as being one of the most interesting accounts of the lives of prominent New Englanders, chiefly literary personages of the early part of the last century. Many works can be recommended of this kind of literature. Medical history, almost any volume, deals similarly with the careers of the makers of medicine.

Then there is history. I have spoken of the importance of philosophical approach to politics. Much of the recently written history of the United States, as well as England and other countries, has been of a debunking (terrible word) nature. However, instead of idealizing the past, we have what may be termed a realistic conception of history so necessary for an intelligent interpretation of present day events. A study of history will make us more charitable towards present day tendencies. There is nothing very new, or very different from some period in the past, only a "sea change," so to speak. In making such a statement, it is difficult to be specific. Its truth in a general way will be realized by the reader of history.

So much is there to read that one must very deliberately decide what not to read, or, in other words, he must aim at a wise selection.

End Results in Fractures of the Shaft of the Femur

ELDRIDGE L. ELIASON and JOHN PAUL NORTH, Philadelphia (*Journal A. M. A.*, Sept. 11, 1937), discuss a consecutive series of seventy-four cases of fracture of the shaft of the femur, of which 81 per cent have been followed, so that the ultimate anatomic and functional results are known. The study presents the results of treatment by numerous surgeons, since, in addition to two chiefs, fifteen assistant surgeons were concerned with the management of these patients. It is not a series selected to illustrate the results of any one method of treatment, as a variety of methods are employed. The cases were all fractures of the shaft proper. Consideration is given only to cases admitted to the hospital within one week of the injury and to those in which the fracture occurred through normal bone. Of the seventy-four patients, twenty-four were more than 16 years of age. 1. The emphasis in fracture therapy should be on restitution of function. 2. In fractures of the femoral shaft, perfect anatomic reduction is not necessary for normal function of the limb. 3. Simple closed methods of treatment

will give good results in this fracture, provided fundamental principles are respected. 4. Of the several methods of traction employed, that of adhesive tape on the thigh was least effective in producing satisfactory reduction of the fragments. It had to be displaced by other means in all but 13 per cent of children and 11 per cent of adults. Skeletal traction, on the other hand, proved satisfactory in 67 and 62 per cent respectively. Russell and Bryant traction were each effective in 41 per cent of cases in children, although in adults the Russell traction fulfilled the surgeon's requirements in only 25 per cent of patients. 5. Length and alignment should be obtained to assure an ultimately good result. Shortening of the limb is apt to be permanent even in children. 6. Whereas in this series there were 92 per cent of perfect function results in children, only 64 per cent of adults escaped disability. The disappointing results in the latter are largely due to the permanence of shortening, stiffness of the knee from prolonged immobilization and the unsatisfactory results of operative reduction.

Incidence of Operations for Goiter in Southern Michigan: Effect of Iodized Salt after Twelve Years' General Use

ROY D. McCURE, Detroit (*Journal A. M. A.*, Sept. 4, 1937), states that through coöperation of the Michigan State Medical Society, the state board of health, Dr. O. P. Kimball and the salt manufacturers, iodized salt was introduced in 1924 through the grocery stores without any legislation. Iodized salt as used in Michigan did at first apparently increase the number of thyroid operations. The increase occurred in the nodular goiter or adenoma group. The iodized salt may have activated a group of patients with quiescent adenomas, producing toxic goiter symptoms. The increase reached its peak in the second year after the introduction of iodized salt. An increase in the death rate from goiter as shown by the board of health statistics reached its peak in the second year after the introduction of iodized salt. There was no increase in hyperthyroidism excepting in the nodular goiter or adenoma group. The number of operations for toxic diffuse and toxic nodular goiter has rapidly and steadily decreased after the apex of the second year excepting for a slight increase during the last three years. The incidence of endemic goiter or enlarged thyroid has been reduced almost to nil since iodized salt has been so widely used. No cases are now seen which show the slightest ill effects from the use of iodized salt. Toxic nodular goiter and toxic diffuse goiter are less apt to occur when there has been no previous enlargement of the thyroid (endemic goiter); at least this would seem a safe conclusion based on the experience in Michigan. As the publicity concerning the necessity for the use of iodized salt has fallen off, the sales of iodized salt have decreased until today one of the larger retail dealers in Detroit sells only about 50 per cent of iodized salt. Others range in sales up to 75 per cent, while the average is 75 per cent. The result of this delinquency is shown by a slight rise in the number of goiters in school children and in operating rooms. To combat this slump, continued publicity must be given to this subject, or should a law be passed making it mandatory for grocers to sell only iodized salt?

Serious

Doctor: "Well, madam, what is your ailment?"

Old Lady: "Pains in my arms, doctor. I can hardly lift them over my head, and it's the same with my legs."

DEPARTMENT OF SOCIETY ACTIVITY

L. FERNALD FOSTER, M.D., Secretary

Council Chairman's

- - - Communication

ECONOMIC DUTY

It is necessary that we again invite to your attention the Post Payment Plan.

Changes made in the welfare laws as passed by the last Legislature which affect the Crippled and Afflicted Child Acts, have had a tendency to break down the Filter System.

The *economic filter* is lax due to the fact that the superintendents of the poor are to be abolished.

Reports from various centers prove that the old system (in vogue previous to the Filter System) is being re-established.

It is advisable that the Medical Filter Board in each county check the economic status by explaining the Post Payment Plan and insisting that the indigent try to be self supporting.

By this plan physicians will retain the confidence of their patients and the public; also, the encroachments of lay organization in medical matters will be curbed.

It is your duty to your patients, to organized medicine, and to yourself to encourage the Post Payment Plan in your community.

P. R. URMSTON, M.D.,
Chairman of the Council.

THE ANTENUPTIAL PHYSICAL EXAMINATION ACT

WITH the operation of the Antenuptial Examination Act, which will bring 90,000 patients a year into the physicians' offices of Michigan, a powerful blow will be dealt venereal diseases. When this Act becomes effective, the State Department of Health will have provided necessary forms upon which to make the necessary reports. These reports, made upon

all applicants for marriage licenses, must be filed by all classes of society—from the economically secure to the indigent.

It becomes the duty of the medical profession to conscientiously make these examinations and reports. They should be executed in such a way as to work a hardship upon no applicant. This Act paves the way for an educational campaign, developing the idea of an Annual Health Inventory or Periodic Health Examination and at the same time enhances the vigorous campaign already begun by the Michigan State Medical Society for the eradication of venereal diseases in Michigan.

DELINQUENT MEMBERS NOT PROTECTED BY MEDICO-LEGAL DEFENSE

The Council of the Michigan State Medical Society, at its meeting of August 11, discussed the problem of the obligation of the State Society for defense of alleged malpractice suits when the Michigan State Medical Society accepts dues from delinquent members against whom such claims arose while the member was in arrears. Legal opinions were presented and studied. As a result, the council decided that, when a delinquent member pays dues to the State Society, the society shall not accept the amount payable to the medico-legal defense fund, for the period of time the member was delinquent, but shall return same to the member with an explanatory letter.

This action is effective as of the date of its promulgation, October 10, 1937.

The By-Laws of the Michigan State Medical Society are very specific in the matter of annual dues. Chapter 8, Sec. 2, reads as follows: "Any member in arrears after April 1 of each official year shall stand suspended until his name is properly recorded and his dues for the current year properly remitted."

THE FILTER SYSTEM

WITH a mounting case-load of afflicted and crippled children, we hear statements to the effect that the Medical Filter Boards are "laying down," not "breaking down," however. This is a situation which again emphasizes the fact that adequate medical filtering, which exists in most counties, must be preceded by efficient and adequate economic filtering.

Rising case-loads are ever charged to the medical profession, but the facts do not bear out these charges. The Economic Filter, which is a function of governmental agencies, is, in the vast majority of instances, directly responsible for mounting case-loads.

When Judges of Probate, Poor Commissioners and other public officials ignore the Filter System, the medical profession can no longer be charged with any abuses arising within the system. In order to place

the responsibility where it belongs for increased public costs, due to an increase in state cases under the Afflicted and Crippled Child Act, it behooves the Medical Filter Board, in every county, to check the Economic Filter Board and report specifically those cases which, through inefficient and inadequate financial investigation, have been made state charges.

Repeated checks on cases in various counties have proven that few medical and surgical cases have been treated for non-urgent and unnecessary conditions. The same checks, however, have definitely disclosed that many undeserving persons have been objects of state aid through a "break down" in the Economic Filters.

It is the profession's responsibility to prevent the "break down" of Economic Filtering by reporting these conditions—but to do it there can be no "lay down."

AFFLICTED CHILD LAW

THE 1937 Legislature amended the Afflicted Child Law to remove several ambiguities and make the Act more practical in its workings.

For the information of the members of the Michigan State Medical Society, the new law (Act. No. 217 of 1937) is printed herewith in full:

The People of the State of Michigan enact:

Section 1. Sections one, two, two-a, three, four, five, six and seven of act number two hundred seventy-four of the public acts of nineteen hundred thirteen, entitled as amended "An act to provide for the medical and surgical treatment of children who are afflicted with a curable malady or are pregnant, and whose parents are unable to provide proper treatment, providing for the expenses thereof, and prescribing the jurisdiction of the probate court and the Michigan crippled children commission in such cases," as amended and added by act number two hundred forty-eight of the public acts of nineteen hundred thirty-three, act number five of the public acts of the first extra session of nineteen hundred thirty-four, and act numbers ninety-four and two hundred eight of the public acts of nineteen hundred thirty-five, being sections twelve thousand eight hundred eighty-nine, twelve thousand eight hundred ninety, twelve thousand eight hundred ninety-one, twelve thousand eight hundred ninety-two, twelve thousand eight hundred ninety-three, twelve thousand eight hundred ninety-four and twelve thousand eight hundred ninety-five, respectively, of the compiled laws of nineteen hundred twenty-nine, are hereby amended and three new sections are hereby added to said act to stand as sections eight, nine and ten thereof, said amended and added sections to read as follows:

Sec. 1. (a) Any child below the age of twenty-one years, married or unmarried, whose parent or guardian has resided in this state for one year, and who is afflicted with a malady, including acute fracture which can be remedied or is pregnant, except a crippled child as defined by the crippled children's act, shall, for the purposes of this act, be deemed to be an "afflicted child."

(b) Whenever any official or employe of the state department of public assistance or of any county department of public welfare, township supervisor, city physician, public health officer, or physician, shall find within his county any afflicted child as herein defined whose parents or guardians are officially determined by the probate judge to be unable to provide proper care and treatment, in whole or in part, it shall be his duty to provide for such care and treatment in the child's home if possible at local expense; and if such treatment cannot be provided, it shall be his duty to make a report of such condition on blank forms prescribed by the Michigan crippled children commission, hereinafter referred to as the commission, to the probate judge of the county in which such child resides. Compensation for such services shall be paid by the state of Michigan according to rates and fees fixed as herein provided. Upon the filing of such a report with the judge of probate, said judge may require a medical examination of such child and make such an investigation as he may deem necessary to determine whether such child needs treatment at home or in a hospital, and whether such treatment must be had at public expense.

SOCIETY ACTIVITY

Sec. 2. If upon investigation the judge of probate is satisfied that such child is an afflicted child as defined in this act and that the parents or guardians are unable to provide proper medical or surgical treatment, and the physician making the examination shall certify in writing that, in his opinion the malady is of such a nature that it can be remedied and that treatment cannot be given in the home at local expense, the judge of probate may enter an order directing that said child be conveyed for treatment to any approved hospital in the state. Such hospital shall have been approved by the commission as having met the requirements of the American College of Surgeons in regard to written hospital reports and having complied with the commission's requirements as to fire hazards. No such afflicted child shall be sent to or received into said hospital unless in the judgment of the physician in charge of such afflicted child there is a reasonable chance for him to be benefited by the proposed medical or surgical treatment, and as an aid to diagnosis and treatment of such case a complete history of each case shall be furnished to the hospital by the examining physician upon request. No crippled child as defined by the crippled children's act shall be committed to any hospital under this act. Copies of all investigational reports, financial findings and court orders shall be mailed by the court at once to the commission under the rules and regulations provided for in this act.

Sec. 2a. No child shall be committed to any hospital for medical or surgical treatment under this act until the parents or guardian of said child have entered into an agreement with the probate judge that they will repay, if they have been judicially determined to be financially able to do so, the state of Michigan for actual cost of such medical or surgical treatment on such terms as shall meet the approval of the probate judge. Payment of such cost by such parents or guardians shall be made to the probate judge in accordance with his order and shall be forwarded to the treasurer of the state of Michigan, paid into the general fund, and credited to the cost of the care of afflicted children under this act.

Sec. 3. It shall be the duty of the superintendent of the said hospital, upon receiving such child, to provide for such child clinical service or a bed, or room in the hospital. He shall also designate the clinic of the hospital to which the patient shall be assigned for the treatment of the malady in each particular case and the care and treatment to be given such child, except where such child is under the care of a private physician or surgeon. The physician or surgeon in charge shall proceed as promptly as deemed necessary to perform such operation and bestow such treatment upon such child as in his judgment shall be proper. The superintendent shall at once notify the commission who in turn shall notify the auditor general of the date of the child's entrance into such hospital together with a statement of the diagnosis.

Sec. 4. No compensation shall be charged or allowed to the admitting physician at said hospital or to any physician, surgeon, or nurse who shall attend or treat any such child at the hospital of the university of the state of Michigan other than the salary or compensation paid to such person by the admitting hospital. Any physician or surgeon treating any such child at any hospital other than the hospital of the university of Michigan may be allowed reasonable compensation as fixed by the commission and the auditor general, and shall be paid by separate warrant drawn to his order and delivered through the hospital as hereinafter provided. The cost of transportation of such child to and from such hospital shall be paid by the county in which such child resides or from which said child was admitted, and it shall be the duty of the county treasurer to pay such transportation expense out of the general fund of the county upon receipt of the proper certificate of approval thereof from the probate court or the commission.

Sec. 5. The superintendent of the hospital shall keep a correct account of the costs of professional and hospital services and necessities furnished to said child, and shall make and file with the auditor general an affidavit containing an itemized statement of such costs incurred at said hospital in the treatment, nursing and care of said child in accordance with the rates and fees fixed by the auditor general and the commission: *Provided*, That hospital rates shall not exceed a maximum for all hospital services and materials of four dollars and fifty cents per day and for professional fees shall not exceed seventy-five dollars for a major operation and two hundred dollars per patient during any one year.

Sec. 6. Upon filing such affidavit with the auditor general, it shall be the duty of said auditor general forthwith to draw an order on the treasurer of the state of Michigan for the amount of such costs, and forward the same to such hospital: *Provided*, That no crippled child as defined by the crippled children's act shall be entitled to free care to be paid for by the state under this act.

Sec. 7. The commission shall have power, hereby conferred, to administer this act, and to adopt rules and regulations to carry out its provisions. Said commission in coöperation with the auditor general shall fix a reasonable uniform schedule of compensation to be paid to any agent, officer or person, or to any hospital, physician or surgeon, to investigate, examine or care for legally admitted children, for their clinical examination, and/or treatment and hospital maintenance. Such uniform schedule of compensation rates and fees shall be established by the commission in coöperation with the auditor general on the first day of March and on the first day of September of each year, and at such other times as may be necessary; and such schedule shall be published promptly by the commission: *Provided*, That no person in the employ of the state or any county shall be allowed any compensation or traveling expense other than that provided by law, for such transportation in addition to actual traveling expenses. All claims for compensation shall be itemized for each child and rendered monthly under oath to the auditor general. When such claims are audited and

SOCIETY ACTIVITY

found to be correct they shall be paid out of the general fund of the state: *Provided*, That all costs charged to the state for the treatment of contagious diseases shall be paid by the auditor general, and recharged to the county admitting patients treated for contagious diseases as provided in laws dealing with the treatment of contagious diseases.

Sec. 8. Appropriations. The expenses of carrying out the provisions of this act shall be paid from money appropriated for that purpose by the legislature. Appropriations for the purposes of this act made to pay the costs of investigations and treatment and for the use of the commission and to reimburse the general fund shall be separate and apart from appropriations to make effective the provisions of any other act.

Sec. 9. Any person found guilty of wilfully making a false statement or of wilfully giving false information for the purpose of securing aid under this act, shall be punished by a fine of not more than five hundred dollars or imprisonment in the county jail for not more than ninety days, and any official of any hospital or any physician who shall bill the state for the care of a patient in accordance with the fee schedules established under this act, and also attempt to force any parent, relative or guardian of such patient to pay an additional sum for such care, and who shall be found guilty thereof, shall be punished in the same manner.

Sec. 10. No official or agent, or representative, in carrying out the provisions of this act, shall enter any home or take charge of any child over the objections of the parents, or either of them or the persons standing in loco parentis or having other custody of such child, and nothing in this act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose.

This act is ordered to take immediate effect.

T. THOMAS THATCHER,

Clerk of the House of Representatives

FRED I. CHASE,

Secretary of the Senate.

Approved

FRANK MURPHY, Governor.

MINUTES OF MEETING OF THE COUNCIL

August 11, 1937

1. *Roll Call.*—The meeting was called to order by Dr. P. R. Urmston, chairman, at the Rainbow Club, Baldwin, Michigan, at 2:30 P. M., on August 11, 1937. Those present were: Drs. P. R. Urmston, Bay City; H. R. Carstens, Detroit; J. Earl McIntyre, Lansing; Wilfrid Haughey, Battle Creek; F. T. Andrews, Kalamazoo; Vernor M. Moore, Grand Rapids; I. W. Greene, Owosso; T. F. Heavenrich, Port Huron; Harlan MacMullen, Manistee; Roy H. Holmes, Muskegon; F. C. Bandy, Sault Ste Marie; B. H. VanLeuven, Petoskey; H. H. Cummings, Ann Arbor; A. S. Brunk, Detroit; Frank E. Reeder, Flint. Also present were Dr. Henry E. Perry, President, Newberry; Dr. Henry Cook, Flint; Dr. L. Fernald Foster, Bay City; Dr. Wm. A. Hyland, Grand Rapids; Dr. B. R. Corbus, Grand Rapids; Dr. H. A. Luce, Detroit; Dr. R. H. Pino, Detroit, and Executive Secretary Wm. J. Burns. Absent: Drs. F. A. Baker, Pontiac; W. E. Barstow, St. Louis, and W. A. Manthei, Lake Linden.

2. *Minutes.*—The minutes of the meeting of the Executive Committee of July 29, 1937, were read, corrected in one item, and approved.

3. *Financial Report.*—The financial report was presented, as well as the estimated income and expenditures for the balance of the year 1937; the latter is to be amplified further and presented to The Council at its September meeting. Bills payable for the month were presented and ordered paid on motion of Drs. MacMullen-Reeder. Carried unanimously.

4. *Medical Relief.*—The chairman of the Medical Economics Committee, Dr. R. H. Pino, Detroit, presented for approval the plan for administering medical relief in Michigan under the new Welfare Laws. This was thoroughly discussed and ended in a motion by Drs. Haughey-Greene that The Council

approve the action of the Executive Committee of The Council taken at its July 29, 1937, meeting, in adopting the plan of "Medical Administration." This motion was amended by Drs. Holmes-Haughey, as follows: Assuming that same refers only to general principles of the plan as proposed, and that the Committee on Medical Economics be authorized to develop these general principles and refer same to The Council at its September meeting. The amendment and the main motion were carried unanimously.

It is understood that this plan may be changed for each county to fit local conditions.

Dr. Pino stated that he would develop the general principles, mail copies of same to all members of The Council in a few days, so that the matter might be finally studied on September 26, 1937, by The Council. Dr. Pino was thanked for his attendance and good advice.

5. *Annual Report of The Council.*—The Annual Report of The Council was studied, section by section, and various amendments and changes were made throughout. Motion of Drs. Brunk-Andrews that The Council approve the entire report of The Council, as submitted and amended, for insertion in the Handbook going to the Delegates. Carried unanimously.

6. *Medico-Legal.*—The matter of Medico-Legal work was discussed by The Council, in considering the report of the County Societies Committee to be inserted in the Annual Report of The Council. Regarding proposed changes, a motion was made by Drs. Andrews-Holmes that the County Societies Committee be requested to make definite recommendations re the medical-legal set-up, and action to be taken, to be presented at The Council meeting of September; also to recommend necessary changes in the By-Laws of the Michigan State Medical Society. Carried unanimously.

SOCIETY ACTIVITY

7. *Program of the Michigan State Medical Society for 1937-38* was presented by Dr. Henry Cook, and thoroughly discussed. Motion of Drs. Bandy-Cummings that the program as outlined by Dr. Cook be approved, and a copy sent to each Councilor of the Michigan State Medical Society. Carried unanimously. A vote of thanks was extended to Dr. Cook for his work in formulating this program of future work.

8. *Joint Committee on Health Education*.—Dr. B. R. Corbus, chairman of the Joint Committee, presented a report on the work of his committee, and asked advice re future plans. He stated that this was an ideal way to meet the public and other organizations with whom we can work, for the public good. After full discussion, it was moved by Drs. Greene-Cummings that Dr. Corbus be thanked for his presentation, interest, and zeal in this matter, and that the Joint Committee on Health Education be assured of earnest coöperation. Carried unanimously.

9. *Schedules A, B, C, D*.—The executive secretary explained the contact made with the Auditor General and the Crippled Children Commission in Lansing on August 9 regarding Fee Schedules A, B, C, D, and the final changes made therein. Motion of Drs. Carstens-Bandy that the physicians' Fee Schedules be printed and sent to all members of the Michigan State Medical Society with the Secretary's Letter in September. Carried unanimously. The schedule should state that the fees represent at least a 50 per cent discount from normal fees. The "Hospital Audit Bureau" activity was presented by President Perry, and thoroughly discussed. Motion of Drs. Andrews-VanLeuven that the executive secretary be instructed to advise the auditor general verbally and in writing at once concerning the fact that the Michigan State Medical Society has not approved the Hospital Audit Bureau; and that all county medical societies be so advised. Carried unanimously.

10. *Model Constitution and By-Laws for County Medical Societies*.—This document, as presented to each councilor, was discussed. Motion of Drs. McIntyre-Bandy that the Model Constitution and By-Laws for County Medical Societies be adopted as a whole. Carried unanimously. A copy of the Model Constitution and By-Laws is to be sent to each County Medical Society of Michigan.

11. *Institutional Practice by Osteopaths*.—Dr. Cook reported on this Flint litigation, and stated that the case may be heard in a short time. General discussion. Motion of Drs. Heavenrich-McIntyre, seconded by Holmes and Greene, that the Michigan State Medical Society coöperate with the city of Flint in this case and ask leave to enter as a defendant in this action. Carried unanimously.

12. *Annual Meeting*.—(a) The suggestion from Dr. M. S. Ballard, chairman of the Grand Rapids Committee on Arrangements, that the sum of \$100 be allowed to the Woman's Auxiliary for entertainment of women guests at the Annual Meeting in Grand Rapids next September, was discussed. Motion of Drs. Carstens-Andrews that the sum of \$100 be allowed to the Woman's Auxiliary for purposes of entertainment in Grand Rapids next September. Carried unanimously. (b) Secretary Foster explained the advantages of holding a Secretaries' Conference in connection with the Annual Meeting of the Michigan State Medical Society. The Council approved a Secretaries' Conference for Tuesday evening, September 28, 1937, for county medical society secretaries, and the officers and councilors of the Michigan State Medical Society, and next year's presidents of county medical societies—motion of Drs. Andrews-Holmes, carried unanimously. (c) Secretary Foster outlined the advantage of a

President's Reception on Wednesday, September 29, after the Parran Lecture. Motion of Drs. McIntyre-VanLeuven that the President's Reception be inaugurated at the 1937 Annual Meeting. Carried unanimously.

13. *Postgraduate Extension Courses*.—Dr. Cummings outlined the courses which will be started in September and October in the Upper Peninsula as well as the Lower Peninsula. The work is part of a five-year program. The Chair stated that the Councilors will be held responsible as chairmen for the conduct of the meetings and for the attendance.

14. *Legislative*.—President Perry spoke about the great sacrifice of time and energy made by Dr. L. G. Christian in his work as chairman of the Legislative Committee of the Michigan State Medical Society. Others who spoke about Dr. Christian's sacrifice were Drs. McIntyre, Greene and Cook. Motion of Drs. Holmes-McIntyre that the council extend to Dr. L. G. Christian an earnest expression of its highest appreciation and gratitude for his work, zeal and service to humanity and to Michigan Medicine; that this will never repay Dr. Christian what the profession owes him, but it is a symbol of our great thanks and esteem. Motion carried unanimously.

15. *Courses in Social Hygiene in Public Schools*.—Secretary Foster stated that he had the outlines of courses in Social Hygiene as given in Lansing schools. Motion of Drs. Holmes-McIntyre that the secretary's office notify county medical societies in the Secretary's Letter that these outlines are available in the office of the Executive Secretary at Lansing. Carried unanimously.

16. *Refresher Courses By Crippled Children Commission*.—President Perry reported on the refresher course given under the auspices of the Crippled Children Commission in Menominee. Motion of Drs. Greene-McIntyre that the matter of future refresher courses, to be given by the Crippled Children Commission with Social Security funds, be referred to the Committee on Postgraduate Medical Education, for action. Carried unanimously.

17. *Medico-Legal Defense for Delinquent Members*.—The obligation of the Michigan State Medical Society for defense of alleged malpractice suits when the State Society accepts dues of delinquent members against whom such claims arose while the member was in arrears, was thoroughly discussed. The opinion of Attorney Barbour was presented. Motion of Drs. Carstens-Andrews that when a delinquent member pays dues to the Michigan State Medical Society, that the Michigan State Medical Society do not accept the amount payable to the medical defense fund—for the period of time the member was delinquent—but return same to the member with an explanatory letter. Carried unanimously.

18. *U. A. W. Clinic*.—The Executive Secretary presented the explanation of the aims and purposes of the U. A. W. Clinic in Detroit, as presented by the Executive Secretary of the Wayne County Medical Society.

19. *150th Anniversary of the U. S. Constitution*.—Motion of Drs. McIntyre-Carstens that the Secretary be authorized to write the chairman of the committee arranging the celebration in connection with the 150th anniversary of the Constitution of the United States, transmitting greetings from the Michigan State Medical Society. Carried unanimously.

20. *P. G. Endowment Fund of the Michigan State Medical Society*.—Dr. Cook outlined the action of the Executive Committee of The Council on June 16, relative to the proposed P. G. Endowment Fund of the Michigan State Medical Society. Motion

of Drs. McIntyre-Carstens that the Council approve the action of the Executive Committee of The Council taken on June 16 re the postgraduate endowment fund of the Michigan State Medical Society. Carried unanimously.

Drs. McIntyre-Greene presented a motion that a committee be appointed to confer with the Chairman of the Postgraduate Medical Education Committee re the accomplishment of the proposed Postgraduate Endowment Fund, said committee to be composed of the chairman of The Council, the president-elect and the secretaries. Carried unanimously.

21. *Adjournment*.—The meeting was adjourned at 10:50 P.M.

MINUTES OF MEETING OF MATERNAL HEALTH COMMITTEE

August 19, 1937

Members present: Drs. Campbell, Wiley and Furlong.

Members absent: Drs. Seeley and Miller. Also present: Dr. Palmer and Miss Goddard of the United States Department of Public Health.

The meeting was called to order by Chairman Campbell in the Statler Hotel, Detroit, at 11:00 A.M. The question was brought up of the release of material from the study. Inasmuch as the Obstetrical Survey is a joint responsibility of the committee and the United States Public Health Department it was agreed that no material should be released without joint approval. Some of the details of the preparation of the final report were discussed.

Possible means of the publication of the final report was considered.

Dr. N. F. Miller was appointed to represent the committee to work in coöperation with Dr. Palmer and Miss Goddard in the preparation of the final report.

Some of the preliminary tabulations of the survey were discussed.

The next meeting of the committee will be held Thursday, September 9, at 12 noon, in the Hotel Statler.

Meeting adjourned at 12:25 P.M.

HAROLD A. FURLONG, M.D.,
Acting Secretary

Benzedrine Sulfate and Atropine in Treatment of Chronic Encephalitis

Isidore Finkelman, Chicago, and Louis B. Shapiro, Elgin, Ill. (*Journal A. M. A.*, July 31, 1937), treated twelve patients with postencephalitic parkinsonism during consecutive periods with atropine, benzedrine sulfate plus atropine, benzedrine sulfate alone, and again with benzedrine sulfate plus atropine. The best results were obtained during the combined treatment of atropine and benzedrine sulfate. Although atropine alone caused a diminution of tremor and rigidity, the addition of benzedrine sulfate caused improvement in the sleep cycle and reduced the frequency or caused the disappearance of oculogyric crises, and there was a feeling of increased energy. Two of the patients died during an influenza epidemic. Both had a history of head trauma. The relation of increased sympathetic stimulation to a reduction in resistance to pneumonic infection and the contraindication of benzedrine sulfate in patients with head trauma needs further study.

OCTOBER, 1937

COUNTY SOCIETIES

CALHOUN COUNTY

WILFRED HAUGHEY, M.D.

Secretary

The June meeting of the Calhoun County Medical Society was held at Lyon Lake Country Club, south of Marshall, Tuesday, June 1, 1937.

There was a golf tournament in the afternoon and dinner at seven. Meeting called to order at 8:00 P. M., by President Brainard.

The minutes of the last meeting were approved as published in the Bulletin.

Dr. Church, for the golf committee, reported only a few playing. After the handicap allowances first prize went to Dr. G. W. Slagle, 72; second to Dr. Kenneth Lowe, 76.

The secretary read several communications from the State Medical Society, reporting on the Basic Science law which was signed by the governor Friday, May 25, 1937, after passing House and Senate, 73-21 and 28-1, respectively.

A letter from Senator Crawford was read.

The president read a letter from Dr. Becker, with interpolation, thanking for flowers sent.

The application of Dr. R. H. Harris for transfer of membership from Los Angeles County, California, to Calhoun County was read and, upon motion, was accepted, Dr. Harris having formerly been a member. He was declared elected.

There being no further business, Dr. Brainard introduced Dr. Bruce Fralich, Professor of Ophthalmology at Ann Arbor.

Discussion, Drs. Sleight, Haughey, Church, K. Lowe, Giddings and Hale.

Meeting adjourned. Attendance thirty-four.

CHIPPEWA-MACKINAC COUNTIES

GEO. A. CONRAD, M.D.

Secretary

"State Society Night" was celebrated by the Chippewa-Mackinac County Medical Society on August 16 in Sault Ste. Marie with twenty members and guests present. Dr. F. J. Moloney, president, welcomed the state officers and turned the meeting over to Dr. H. E. Perry, Newberry, president of the State Society. Dr. Perry called upon Dr. Grover C. Penberthy, Detroit, past-president of the State Society, who talked on "High Standards of Medical Practice."

Dr. Louis J. Hirschman, Detroit, past-president of the State Society was called upon and discussed the "Activities of the American Medical Association." Dr. Paul R. Urmston, Bay City, Chairman of The Council, set forth "What the State Society is Doing and Will Do for You." Dr. L. Fernald Foster, Bay City, Secretary of the Michigan State Medical Society, discussed "Organization, and the State Meeting."

"County Societies and the State Society Program of 1937-38" formed the topic of discussion of Dr. Henry Cook of Flint, president-elect of the State Society. Wm. J. Burns, Lansing, executive secretary of the State Society, reviewed "Legislative Activity."

Among those present were Drs. F. H. Husband, J. A. Reese, W. F. Mertaugh, S. H. Vegors, E. O. Gilfillan, E. S. Rhind, David Littlejohn, I. V. Yale, F. J. Moloney, J. G. Blain, F. C. Bandy, Geo. A. Conrad and Dr. Birch.

COUNTY SOCIETIES

DELTA COUNTY

NATHAN J. FRENN, M.D.

Secretary

The Delta County Medical Society entertained officers of the Michigan State Medical Society at a "State Society Night" on Wednesday, August 25. Seventeen members and guests were present. President H. Q. Groos welcomed the guests and called first upon Dr. Louis J. Hirschman, Detroit, past-president of the State Society, who summarized the "Activities of the American Medical Association." Dr. Roy H. Holmes, Muskegon, member of the State Council from the Eleventh District, spoke concerning the Afflicted and Crippled Child laws. Wm. J. Burns, Lansing, executive secretary of the State Society, reviewed recent Legislative Activity. Dr. L. Fernald Foster, Bay City, secretary, discussed "Organization and the Annual Convention of the State Society."

Among those present were Drs. H. W. Long, W. A. LeMire, D. W. Boyce, Otto Hult, Joseph Witters, Arthur Backus, A. S. Kitchen, Louis P. Groos, G. W. Moll, John J. Walch, H. J. Defnet and Dr. Claussou of Detroit.

DICKINSON-IRON COUNTY

W. H. HURON, M.D.

Secretary

Dickinson-Iron County Medical Society was host to the officers of the Michigan State Medical Society on their stop at Crystal Falls, August 24. Fifteen members and guests were present and enjoyed a venison dinner. Drs. White and Camper came to the meeting in Doctor White's airplane.

Dr. D. R. Smith, president, welcomed the state officers and turned the meeting over to Dr. Henry E. Perry, Newberry, president of the Michigan State Medical Society. Dr. Louis J. Hirschman, Detroit, past-president of the Michigan State Medical Society, outlined the "Activities of the American Medical Association." Dr. Roy H. Holmes, Muskegon, councilor of the District, discussed the Afflicted and Crippled Child laws. Wm. J. Burns, Lansing, executive secretary of the State Society, spoke of recent "Legislative Activity." Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, discussed "Organization, and the State Society Annual Meeting."

Among those present were Drs. T. E. Camper, W. H. Huron, L. E. Irvine, Cliff Menzies, R. E. Hayes, H. H. Haight, Wm. J. Kofmehl and Robert White.

MANISTEE COUNTY

C. L. GRANT, M.D.

Secretary

The Manistee County Medical Society held a "State Society Night" at the Country Club of Manistee on September 9. Golf in the afternoon was followed by a social hour and "round table discussion." After the dinner, presided over by Dr. Kathryn Bryan, president, the meeting was turned over to Dr. Harlan MacMullen, Manistee, councilor of the Ninth District, who called on Dr. P. R. Urmston, Bay City, chairman of The Council of the Michigan State Medical Society, to outline "The Activities of The Council."

Dr. Roy H. Holmes, Muskegon, councilor of the Eleventh District, discussed the new Crippled and Afflicted Child laws and the schedules. Dr. F. T. Andrews, Kalamazoo, councilor of the Fourth Dis-

trict, outlined the work and activities of the Public Relations Committee. Dr. W. E. Barstow of St. Louis, councilor from the Eighth District, discussed the need for politico-socio interests by the county medical society.

Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, discussed "Greater Organization for the county medical societies of the State." Wm. J. Burns, Lansing, executive secretary of the Michigan State Medical Society outlined the health legislation passed by the recent Legislature.

All members of the Manistee County Medical Society, except one, were present at the "State Society Night." Among the members and guests who were present were the following: Drs. Stephen Fairbanks, D. A. Jamieson, C. L. Grant, W. H. Norconk, E. B. Miller, L. W. Switzer, E. A. Oakes, H. Mullenmeister, John F. Konoft, E. F. Sladek, B. B. Bushong, J. G. Zimmerman, Mark Osterlin, Dwight Goodrich, Gregory Moore, E. C. Hansen, H. Ramsdell, S. P. Smiseth. Also present were Mrs. F. T. Andrews, Mrs. Wm. J. Burns, Mrs. Harlan MacMullen.

MARQUETTE-ALGER COUNTIES

D. P. HORNBOKEN, M.D.

Secretary

Officers of the State Society were guests of honor at a "State Society Meeting" held by the Marquette-Alger County Medical Society on Wednesday, August 18. Dr. E. R. Elzinga, president, welcomed the guests and turned the meeting over to Dr. Henry E. Perry, Newberry, Michigan State Medical Society president.

Dr. Louis J. Hirschman, Detroit, past-president of the Michigan State Medical Society, was first on the program and discussed the "Activities of the American Medical Association." Dr. Grover C. Penberthy, Detroit, past-president of the Michigan State Medical Society, talked on the "High Standards of Medical Practice." Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, discussed "Organization and the State Meeting." Wm. J. Burns, Lansing, executive secretary of the Michigan State Medical Society, reviewed recent "Legislative Activity." Dr. Henry Cook, Flint, president-elect of the State Society, outlined the "State Society Program for 1937-38."

Among those present were Drs. L. W. Howe, M. Cooperstock, J. P. Bertucci, R. G. Janes, Chas. N. Bottum, E. R. Elzinga, V. H. Vandeventer, A. L. Swinton, N. J. McCann, Richard Berry, F. A. Fennig, H. P. Blake, Geo. I. Keskey, D. P. Hornbogen, C. D. Hart, and Drs. Hanelin, Tisdale, and Sundstrom.

MASON COUNTY

C. A. PAUKSTIS, M.D.

Secretary

The Mason County Medical Society was host to officers of the Michigan State Medical Society on Thursday noon, September 9, on the occasion of a "State Society Meeting" held in Ludington. President W. S. Martin welcomed the guests and called upon Dr. Harlan MacMullen, Manistee, councilor of the Ninth District, who talked on "Why a State Society?" Dr. Paul R. Urmston, Bay City, chairman of the State Society Council, spoke on "What Your Officers Do." Dr. Roy H. Holmes, Muskegon, member of The Council from the Elev-

COUNTY SOCIETIES

enth District, discussed the Afflicted and Crippled Child laws. Dr. Wm. E. Barstow, St. Louis, councilor from the Eighth District, explained "The Necessity for Politico-Socio Activity by the County Medical Society." Dr. F. T. Andrews, Kalamazoo, councilor from the Fourth District, described the workings of the Public Relations Committee. Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, spoke on Organization and the State Society Annual Meeting. Wm. J. Burns, Lansing, executive secretary of the State Society, reviewed recent Legislative Activity.

Among those present were Drs. W. Force, W. Taylor, O. M. Spencer, R. Davis, L. Goulet, V. J. Blanchett, C. A. Paukstis and H. B. Hoffman.

MECOSTA-OSCEOLA COUNTIES

GLENN GRIEVE, M.D.

Secretary

The regular monthly meeting of the Mecosta-Osceola County Medical Society was called to order in the Western Hotel, Big Rapids, on Tuesday, August 10. Eighteen members and guests were present.

Dr. Roy H. Holmes, Muskegon, councilor for the Eleventh District, spoke on the "Diagnosis and Treatment of Syphilis."

"Legislation" was the subject under discussion by Wm. J. Burns, Lansing, executive secretary of the Michigan State Medical Society.

Among those present were Drs. Jacob Bruggema, James B. Campbell, Chester Clark, Glenn Grieve, Max C. Igloe, L. E. Kelsey, Louis K. Peck, C. J. Power, Thomas P. Treynor, Gordon H. Yeo, and Drs. Martin, Pryor, Rowe, Zetterstedt, Fisher and Hamilton.

MENOMINEE COUNTY

WM. S. JONES, M.D.

Secretary

The Menominee County Medical Society held a "State Society Meeting" on Wednesday noon, August 25, at Menominee. President A. R. Peterson welcomed the state officers and turned the meeting over to Dr. Henry E. Perry, Newberry, president of the State Society, who introduced the speakers on the program.

Dr. J. Earl McIntyre, Lansing, councilor of the Second District, and secretary of the State Board of Registration in Medicine, spoke on the "State Board of Registration in Medicine." Dr. Roy H. Holmes, Muskegon, councilor of the Eleventh District, discussed the Afflicted-Crippled Children laws. Wm. J. Burns, Lansing, executive secretary of the State Society, reviewed recent Legislative Activity. Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, discussed Organization and the State Society Annual Meeting.

State Representative Joseph Mullen was present and made a few remarks. Also present were Drs. W. S. Jones, H. T. Sethney, J. C. Scully, A. R. Peterson, Edward Sawbridge, Wm. Baren, K. G. Pinigan, A. T. Nadine and Clarence H. Baren.

MUSKEGON COUNTY

LELAND E. HOLLY, M.D.

Secretary

A business meeting of the Muskegon County Medical Society was held at the Century Club on Monday, June 14, 1937. The meeting was called to order by President C. B. Mandeville at 9:00 P.M.

Correction was made to the minutes of the previous meeting in that Dr. Edward Foss had been named chairman of the Centennial Exhibit Committee.

A very complete and detailed report of the Allied Health Committee was given by Dr. Hartwell, which has been incorporated in the minutes. There was much discussion and it was pointed out that the committee had done much fine work and was deserving of complete support by the Society.

Following the suggestions given by the committee it was voted unanimously that letters be sent to the superintendents of both hospitals calling attention to the fact that occasionally private nurses had been put on cases without permission of the attending physician, and asking their coöperation in preventing this impossible situation.

A long and frank discussion of the venereal problem of the county was undertaken without any definite program being provided. Dr. M. E. Stone, health officer of Muskegon, presented a plan for establishing a County Health Unit for the rural districts of the County. After a number of interesting plans had been presented and explained, the following resolution was adopted unanimously: that the Unit be County-wide; that the health officer be a physician, licensed to practice in the State of Michigan and maintain membership in the Muskegon County Medical Society; that the work shall not include holding diagnostic or immunization clinics, but that some form of medical participation be included so that the necessary procedures would be carried out in the physician's office; and that a staggered five-man physician board be appointed by the president of the Medical Society to have full control of all matters appertaining purely to the workings of the Health Unit. The meeting was adjourned at midnight.

* * *

The regular dinner meeting of the Muskegon County Medical Society was held at the Occidental Hotel, Friday June 25, 1937. The meeting was called to order by President-Elect Teifer.

The Centennial Committee reported to the Society.

Dr. William LeFevre introduced the speaker of the evening, Dr. Drew Luten, Associate Professor of Clinical Medicine of Washington University. Dr. Luten delivered a most entertaining and instructive talk on the "Clinical Use of Digitalis." An abstract of this talk is printed in the Bulletin. The meeting adjourned at 10:30 P. M.

* * *

A meeting of the Muskegon County Medical Society was held at the Century Club, Monday, August 16, 1937. The meeting was called to order by President Mandeville at 9:20 P. M. The application for membership of Dr. Miller was read and referred to the proper committee. There was free discussion of the new law making mandatory pre-nuptial examination of male and female. It was decided that the individual physician should make his own charge. The question of doctors accepting reduced fees from F. E. R. A. patients and giving a receipt for the same was next discussed. The matter was referred to the Public Relations Committee for discussion with Mr. Richman. The meeting adjourned at 11:00 P. M.

The regular meeting of the Muskegon County Medical Society was held on Tuesday, August 31, 1937. The meeting was called to order by President Mandeville. The applications for membership of Dr. Dereginski and Dr. Price were read and referred to the proper committee.

Following a free discussion there was a consensus of opinion of the members that Red Cross first-aid stations were not essential in as thickly a populated community as this, particularly in view of the very

COUNTY SOCIETIES

short distance to local hospitals or physicians' offices. It was emphasized that whenever a severe accident occurs, great damage is done to patients at the hands of insufficiently trained personnel, it being noted that the ambulances of Muskegon have specially trained personnel who are familiar with the proper handling of injured patients. After a very complete discussion, it was moved and carried that a committee meet with the Red Cross representatives and discuss the problem with them. There was a feeling of the Muskegon County Medical Society that this practice should be discouraged.

The councilor for the Eleventh District, Doctor Holmes, discussed the following State Society matters:

1. *The Teaching of Sex Hygiene in the Schools.*—It was suggested that the secretary write to the three local school systems notifying them that the Medical Society is prepared to furnish sex hygiene lectures in the schools.

2. *Medical Relief Bills.*—The State Society was successful in keeping intact the physician-patient relationship in the new relief bill.

3. *Afflicted and Crippled Child's Act.*—The Crippled Child Commission and the Auditor-General O.K.'d the original fee schedule as of September 1. It was called to the attention of the Society that too many cases were being admitted under this act. In most instances it is due to a breakdown of the economic filter and only rarely to the medical filter. It was pointed out that if the case load becomes too high the next legislature may throw the burden back to the county, so we must keep our case load down. A committee is to be appointed to discuss this matter with Probate Judge F. E. Thatcher.

4. *Syphilis Control.*—If we wish to prevent clinics for the treatment of this disease in this country, the medical societies must take the lead and maintain treatment in medical hands. In our contacts with lay organizations, we must emphasize the importance of "seeing the family doctor," on all health problems. The meeting adjourned at 11:00 P. M.

O. M. C. O. R. O. COUNTIES

(Otsego-Montmorency-Crawford-Ogemaw-Roscommon-Oscoda)

C. G. CLIPPERT, M.D.
Secretary

The O. M. C. O. R. O. County Medical Society held a meeting at West Branch, Michigan, on Wednesday, September 8, at 6:30 P.M. Dr. Paul R. Urmston, Bay City, chairman of The Council of the Michigan State Society, and Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, were present. Doctor Urmston spoke on "The Activities of The Council and the Annual State Meeting." "Legislation and Organization" was the subject of discussion by Doctor Foster.

ONTONAGON COUNTY

E. J. EVANS, M.D.
Secretary

Every member of the Ontonagon County Medical Society turned out to meet and hear the officers of the State Society at the "State Society Meeting" of Monday noon, August 23, which was held in Ontonagon. Dr. C. F. Whitefield welcomed the state officers and turned the meeting over to Dr. Henry E. Perry, Newberry, President of the Michigan State Medical Society, who introduced the speakers.

Dr. Louis J. Hirschman, Detroit, past-president of the State Society, discussed the "Activities of the American Medical Association." Dr. Roy H. Holmes, Muskegon, Councilor of the Eleventh District, spoke relative to the afflicted-Crippled Child laws. Wm. J. Burns, Lansing, executive secretary of the State Society, reviewed recent "Legislative Activity." Dr. L. Fernald Foster, Bay City, Secretary of the Michigan State Medical Society, discussed "Organization and the Annual State Meeting."

Those present in addition to the speakers were Dr. Whiteshield, Dr. E. J. Evans, Dr. F. W. McHugh, Dr. W. F. Strong, Dr. J. L. Bender. State Representative Isadore A. Weza of Ontonagon, was also present.

SCHOOLCRAFT COUNTY

GEO. A. SHAW, M.D.
Secretary

Schoolcraft County Medical Society entertained the officers of the Michigan State Medical Society at a "State Society Night" at Blaney on August 17. Dr. A. R. Tucker, President, welcomed the officers and turned the meeting over to Dr. H. E. Perry of Newberry, president of the State Society. Dr. Perry called first upon Dr. Grover C. Penberthy of Detroit, past-president of the State Society, who talked on "High Standards of Medical Practice." Dr. L. G. Christian, chairman of the State Society Legislative Committee, described the "Passage of the Basic Science Law." Dr. Philip A. Riley, Jackson, vice-speaker of the House of Delegates, explained the "Functions of the Basic Science Law." Dr. Paul R. Urmston, Bay City, chairman of the council of the Michigan State Medical Society, summarized "What the State Officers are Doing for You."

"The State Society Meeting" was discussed by Dr. L. Fernald Foster, Bay City, Michigan State Medical Society secretary. Dr. Henry Cook, Flint, president-elect, spoke on "County Medical Societies." Wm. J. Burns, Lansing, State Society executive secretary, discussed "Organization." Twenty-seven members and guests were present. Among them were Drs. R. E. L. Gibson, Geo. Swanson, R. E. Spinks, Frank P. Bohn, C. B. Toms, C. D. Hart, E. H. Campbell, A. T. Rehn, Wm. R. Purmont, and Dr. Miller of Luce County; Drs. James Fyvie, Gail Broberg, E. Brenner, and Geo. A. Shaw of Schoolcraft County. Also present were Dr. C. D. Crowley, Jackson, President Jackson County Medical Society; Dr. R. D. Scott, Flint; and Dr. G. K. Carpenter of Nashville, Tenn.

THE BUSINESS SIDE OF MEDICINE

(Continued from page 766)

rights of such an agent, both in drawing up such a document, and in the administration of it.

Looking such a problem squarely in the face is to our mind one of the best things the doctor can do for his family, yet one of the easiest, and certainly one of the least expensive. Because it can be done "anytime" it is very apt to be postponed. Don't put it off.

Michigan's Department of Health

C. C. SLEMONS, M.D., Dr.P.H., Commissioner LANSING, MICHIGAN

MICHIGAN LABORATORIES REGISTERED UNDER ACT 45, P. A. 1931

Since laboratory tests required under the Ant-nuptial Physical Examination Law must be performed by the Michigan Department of Health or a laboratory registered by the Michigan Department of Health, the current list of registered laboratories in Michigan is published herewith. The following laboratories have complied with the regulations of the Michigan Department of Health and have been approved for:

Serodiagnosis of Syphilis and Microscopy in Diphtheria, Tuberculosis, and Gonococcic Infections

Reg. No.	NAME	LOCATION
5	St. Joseph Mercy Hospital	Ann Arbor
6	University of Michigan Hospital	Ann Arbor
175	Chemical and Bacteriological	Battle Creek
11	Leila Y. Post Montgomery Hospital	Battle Creek
70	Nichols Memorial Hospital	Battle Creek
9	Sanitarium	Battle Creek
13	Health Department	Bay City
14	Mercy Hospital	Bay City
191	Gamble Clinic	Bay City
170	Mercy Hospital	Benton Harbor
166	Dearborn Clinical	Dearborn
183	Ford Motor Company Medical	Dearborn
1	Health Department	Detroit
195	Brooks	Detroit
100	Clark Clinical	Detroit
140	Charles Godwin Jennings Hospital	Detroit
184	Chenik Hospital	Detroit
18	Children's Hospital	Detroit
17	Delray General Hospital	Detroit
164	Detroit X-Ray & Clinical	Detroit
185	Detroit Polyclinic	Detroit
189	East Side General Hospital	Detroit
113	Evangelical Deaconess Hospital	Detroit
156	Fairview Sanatorium	Detroit
136	Florence Crittenton Hospital	Detroit
21	Grace Hospital	Detroit
73	Harper Hospital	Detroit
176	Havers	Detroit
22	Henry Ford Hospital	Detroit
188	Jefferson Clinic	Detroit
142	Medical Clinical	Detroit
162	Buesser	Detroit
198	Ellwart Clinical	Detroit
199	Jordan Clinical	Detroit
201	East Side Medical	Detroit
206	Moer General Hospital	Detroit
203	Central Laboratories	Detroit
180	Michigan Diagnostic	Detroit
24	National Pathological	Detroit
157	Nottingham Clinical	Detroit
25	Owen Clinical	Detroit
88	Parkside Hospital	Detroit
26	Physicians' Service	Detroit
27	Providence Hospital	Detroit
28	Receiving Hospital	Detroit
31	St. Joseph Mercy Hospital	Detroit
32	St. Mary's Hospital	Detroit
76	Schaefer	Detroit
181	Stafford, Frank	Detroit
196	Stafford Biological	Detroit
117	Woman's Hospital	Detroit
97	Seymour Hospital	Eloise
36	Hurley Hospital	Flint
112	Women's Hospital	Flint
209	St. Joseph Hospital	Flint
2	Western Michigan Division, Mich. Dept. Health	Grand Rapids
167	Allergic & Clinical	Grand Rapids
38	Blodgett Memorial Hospital	Grand Rapids
40	Brotherhood Private	Grand Rapids
37	Butterworth Hospital	Grand Rapids
192	Hufford	Grand Rapids
42	Western Michigan Clinical	Grand Rapids

Reg. No.	NAME	LOCATION
41	St. Mary's Clinical	Grand Rapids
116	Cottage Hospital	Grosse Pointe
94	Health Department	Hamtramck
44	General Hospital	Highland Park
3	Upper Peninsula Division, Mich. Dept. Health	Houghton
193	Itzov Clinical	Iron Mountain
146	Health Department	Jackson
186	W. A. Foote Memorial Hospital	Jackson
47	Public Health Department	Kalamazoo
91	Bronson Methodist Hospital	Kalamazoo
46	New Borgess Hospital	Kalamazoo
0	Michigan Department Health	Lansing
163	Larkum Clinical	Lansing
69	St. Lawrence Hospital	Lansing
134	St. Luke's Hospital	Marquette
141	Diagnostic Clinic	Monroe
104	Mercy Hospital	Monroe
187	Monroe Hospital	Monroe
51	Macomb County	Mt. Clemens
50	St. Joseph Hospital	Mt. Clemens
54	Mercy Hospital	Muskegon
118	Pawating Hospital	Niles
111	William H. Maybury Sanatorium	Northville
56	Department Health, General Hospital	Pontiac
57	Oakland County Health	Pontiac
128	Pontiac State Hospital	Pontiac
58	St. Clair County	Port Huron
200	Port Huron Hospital	Port Huron
83	Health Department	Roseville
59	Central Laboratory	Saginaw
108	Clinton Memorial Hospital	St. Johns
168	Hart Clinic	St. Johns
154	Chippewa County War Memorial Hospital	Sault Ste. Marie
182	Sturgis Memorial Hospital	Sturgis
62	Traverse City State Hospital	Traverse City
63	General Hospital	Wyandotte

Laboratories Registered for Microscopy in Diphtheria, Tuberculosis and Gonococcic Infections

Reg. No.	NAME	LOCATION
205	James W. Sheldon Memorial Hospital	Albion
4	City Laboratory	Ann Arbor
129	Department Pediatrics & Infectious Diseases	Ann Arbor
10	Health Department	Battle Creek
147	Hess Clinical	Bay City
137	Jones Clinic	Bay City
143	Shurly Hospital	Detroit
178	Harper Out-Patient	Detroit
102	North End Clinic	Detroit
34	St. Francis Hospital	Escanaba
35	Board of Health	Flint
197	Holland City Hospital	Holland
124	Michigan State Sanatorium	Howell
43	Grand View Hospital	Ironwood
45	Mercy Hospital	Jackson
48	Kalamazoo State Hospital	Kalamazoo
119	Fairmount Hospital	Kalamazoo
121	Edward Sparrow Hospital	Lansing
125	Michigan Home & Training School	Lapeer
126	Morgan Heights Sanatorium	Marquette
194	City Health Department	Marquette
204	Oaklawn Hospital	Marshall
53	Hackley Hospital	Muskegon
123	Wayne County Training School	Northville
107	Memorial Hospital	Owosso
66	Petoskey Hospital	Petoskey
132	St. Joseph Mercy Hospital	Pontiac
207	Saginaw County Laboratory	Saginaw
150	Ypsilanti State Hospital	Ypsilanti
208	Beyer Memorial Hospital	Ypsilanti

Institutional and Industrial Laboratory Service

Reg. No.	NAME	LOCATION
127	University Health Service	Ann Arbor
144	Pasteur Institute	Ann Arbor
177	Michigan Bell Telephone Company	Detroit
67	Robison Laboratory, Incorporated	Detroit
33	Michigan State College	East Lansing
173	Ionia State Hospital	Ionia
55	Olivet College Health Service	Olivet

**ADMINISTRATION OF MICHIGAN'S
ANTENUPTIAL PHYSICAL
EXAMINATION LAW**

"Upon the medical profession of Michigan rests the major responsibility for successful operation of the Antenuptial Physical Examination Act which becomes effective October 29, 1937," declares Dr. C. C. Slemmons, state health commissioner. "It is in the doctor's office that the fundamental values inherent in this new law will be sold to the prospective families of this state. The friendly understanding there created will insure, in large measure, the cordial compliance with the provisions of this act so necessary to its continued successful operation."

The new law, Act 207, P. A. 1937, provides in effect that all persons making application for license to marry shall at any time within fifteen days prior to such application have a physical examination including a Kahn test for syphilis, and it shall be unlawful for the county clerk of any county to issue a license to marry to any person who fails to present and file with such clerk the required certificate. It also provides that the certificates as to the examination shall be filed with the county clerk at the time application for license to marry is made.

Laboratory tests required under the act include a Kahn test for syphilis, a dark field test where indicated and a microscopic test for gonococci when indicated. All laboratory tests shall be performed by the Michigan Department of Health or by a laboratory registered by the Michigan Department of Health. Tests performed by the Department will be made free of charge.

If the physician making the examination finds no evidence of venereal disease on the basis of negative laboratory and clinical findings, he shall issue to the examinee a certificate to that effect on the form prescribed by the Michigan Commissioner of Health. These certificates must be signed by the physician and by the applicant in the presence of the physician.

Physicians will obtain the official certificates from their county clerks. The information contained on the certificate and any matter pertaining to the examination are closed records and cannot be disclosed to anyone except as may be required by law. The form of the certificate to be issued by the physician is as follows:

STATE OF MICHIGAN

MEDICAL CERTIFICATE FOR MARRIAGE LICENSE

City..... Date.....

THIS IS TO CERTIFY that I have this day examined

Name of Applicant.....

Address

in accordance with the provisions of Act No. 207, Public Acts of 1937, and in my opinion said applicant is not afflicted with any venereal disease and the tests for syphilis and gonorrhea made at the.....

Laboratory on....., 193..... are negative.

Signed.....M.D.

Address

Applicant

(To be signed in presence of physician)

The procedure to be followed by the prospective marriage license applicant is first to go to a physician some time within fifteen days prior to the date of applying for a marriage license. There he will obtain the preliminary clinical examination and arrangements will be made for the required blood test and any other indicated laboratory tests. If the results of laboratory and clinical examinations show no evidence of venereal disease in the opinion of the examining physician, he will then issue the official medical certificate to the applicant. This certificate must be signed by the applicant in the presence of the physician. The law does not specify the fee

which the physician will charge for his examination. Laboratory tests made by the Michigan Department of Health are made free of charge.

When the applicant has received his medical certificate, then he will present it to his county clerk at the time he applies for a marriage license. The certificate must be used within fifteen days, and both bride and groom must present certificates before the marriage license application can be made out. The usual five day interval must elapse after the application is granted before the license can be issued. The law does not specify any time limitation for the use of the marriage license once it has been issued.

As to the necessary qualifications of the physicians who may conduct the physical examinations required under this act, the Attorney General of Michigan has ruled that "It is my opinion that the reference to physicians in the act is to any physician or doctor authorized to practice medicine or surgery or to any osteopath authorized to practice that profession under the laws of this state."

The Attorney General has also ruled that marriages performed by the judge of probate in any county under Act 180, Public Acts of 1897, commonly referred to as the secret marriage law, are not affected by the new antenuptial physical examination law.

In order to provide for the additional free laboratory tests to be performed under Act 207, the Michigan Department of Health has altered its laboratory form No. F-1 which is used by physicians in requesting serologic reaction tests for syphilis. On the new form the physician must indicate the purpose for which the test is to be made; i.e., For Diagnosis, For Marriage License, or For Control of Treatment. Laboratory reports will not be made unless the form is filled out completely.

Since one of the values to be derived from the new law will be an opportunity to check the prevalence of venereal disease, the Michigan Department of Health is requiring that all registered laboratories submit reports of examinations performed under this law. With this data and that available from the state laboratories, relatively accurate index of the prevalence of venereal disease in a particularly susceptible age group will be obtained.

**MONTHLY INCIDENCE OF
COMMUNICABLE DISEASE**

At the time of this writing two diseases are very much in the forefront, poliomyelitis and typhoid fever. The incidence of the latter disease is rather low although there has recently occurred an outbreak in the city of Flint. The mode of transmission was through food from a restaurant. Although not all details of the epidemiological picture are complete, enough is known at this writing so that no further cases are expected from the source. The outbreak serves as a reminder that typhoid is not an extinct disease and that food handlers who are carriers or cases are apt to be sources of an outbreak. Physicians are urged to bring to the attention of the health officer as early as possible any case of illness which they suspect of being typhoid. It is usually too late to prevent an outbreak if the physician waits until the diagnosis is well established before telling the health officer of the case.

Poliomyelitis is showing an incidence considerably greater than that of a year ago. The season is far enough advanced that at this time it is not anticipated that there will be a big poliomyelitis year, at least not big in comparison with the year 1931, when 1,137 cases were reported.

CORRESPONDENCE

The department is not providing convalescent serum. Many requests are received for this product for therapeutic use. The suggestion is made that if the physician believes it wise to use some specific therapy a transfusion be given. This may be given from any donor who has a compatible blood, and, of course, with all precautions indicated in any transfusion. The donor need not have a history of having had poliomyelitis, since it has been found that a high percentage of all adults are immune as shown by the neutralization tests with poliomyelitis virus. In the treatment of an acute case of poliomyelitis it is exceedingly important to keep in mind the possibility of preventing or reducing the amount of residual paralysis by means of placing all weakened or paralyzed muscles at rest. This should be a complete rest and is usually obtained only by means of splints. Careful examinations should be made daily to detect promptly any weakened or paralyzed muscles.

The incidence of diphtheria continues to run high for the season although this is the time of year when the lowest incidence is to be expected. Because of the relatively high number of cases at this time it is anticipated that there may be a considerable increase during the fall and early winter months.

Scarlet fever likewise continues high although this is somewhat of a hang-over from the high season of the winter and spring just past.

Another disease which is higher than usual for the season is measles and it is anticipated that this disease will continue to increase slowly from now until the spring months of next year, when it is expected that there will be a rather large outbreak.

RABIES

The only two deaths with an established diagnosis of human rabies within the last five years occurred recently. This is the period of time exactly corresponding with that of the distribution of free rabies vaccine by the Michigan Department of Health. It was to be expected, however, with the great prevalence of rabies among dogs for months past, that sooner or later there would be a human death through neglect and failure to give anti-rabic treatment.

The two recent deaths from rabies were children, a boy thirteen and a girl of ten. The girl had no anti-rabic treatment. In the case of the boy the matter was not brought to the attention of the local health officer until thirty days from the time of the bite. He was then given twelve injections of rabies vaccine but finally came down with rabies six weeks after having received the severe bite on the face. The case was treated by a physician and had been cauterized with phenol at the time of the bite, but the parents had failed to have him return for further treatment, and both the parents and the physician had failed to notify the health officer. Had the health officer been notified he would have made it his business to follow up the case and urge that rabies vaccine be given. The cautery with phenol was not effective, the only effective cautery for the prevention of rabies being nitric acid. Physicians everywhere are urged to report all dog bite cases coming to their attention to the local health officer.

Physicians are again reminded that it is not considered necessary to give rabies vaccine to all people having been bitten by dogs. Those receiving bites from dogs that can be located and kept under observation for a period of ten days need not be treated as long as the dog shows no evidence of illness. The only exception to this is a bite on the

head or neck. In such cases, even though the dog be under observation, it is well to start the rabies treatment and if after a period of five or six days the dog has shown no evidence of illness, the treatment may then be discontinued. Anyone receiving a bite from an animal found to be rabid or from animals that have escaped and cannot be observed should be given the rabies vaccine, likewise those individuals whose bare skin or mucous membrane has been in contact with the saliva from such animals, even though there be no evidence of a bite or break in the skin.

Pharmacologic Study of Toxemia Theory of Surgical Shock

In studying the pharmacology of the toxemia theory of surgical shock Carl A. Dragstedt and Franklin B. Mead, Chicago (*Journal A. M. A.*, Jan. 9, 1937), performed nine experiments on dogs by testing the blood and lymph specimens. In no instance was there any indication of a physiologically active substance being present. These negative results, in addition to indicating the absence of a physiologically active substance such as histamine in the shock specimens of blood and lymph, also show that the methods employed are free from certain complicating factors. For example, Ponder and others have shown that substances having vascular effects are apt to appear in serums separating from specimens of clotted blood, and Phemister and Handy have shown that blood which has been "traumatized" by shaking or hemolysis and the like also acquires vasodilator and constrictor properties. When these negative results in the case of surgical shock are contrasted with the authors' positive results in anaphylactic shock, it is at once apparent that there is a distinct difference between the course of events in the two instances. In a typical anaphylactic shock there is an abrupt precipitous fall of blood pressure to shock levels from which the animal may or may not gradually recover. In surgical shock, however, there is a slow, gradual, progressive fall of blood pressure to shock levels from which, as a rule, there is no spontaneous recovery. Results indicate that, if surgical shock was the result of a toxemia secondary to the absorption from the traumatized area of a vasodepressor substance such as histamine, it should be possible at some stage of the process to detect the toxin in the blood plasma by the methods employed. The authors' results, however, have been consistently negative.

CORRESPONDENCE

Editor, Journal of the
Michigan State Medical Society:

Last night a morphine addict broke into my office and made away with a quantity of morphine tablets and morphine and atropine, and a Schick electric razor. This man is nearly six feet tall, of the usual sallow complexion, and has rather heavy features and prominent cheek-bones. He tells the story of just being discharged from prison and of being on his way to a government hospital to be cured. He is quite a sobber and exhibits chest wounds he claims were due to a bayonet, also claims war service.

If you would print this communication in the JOURNAL, some physician might recognize him and should notify authorities. He is wanted by the Mt. Pleasant State Police. He is quite a familiar figure around Central and Northern Michigan.

F. G. SLATTERY, M.D.,
Clare, Michigan.

◆ General News and Announcements ◆

The One Hundred Per Cent Club of the Michigan State Medical Society:

1. Alpena County Medical Society.
2. Branch County Medical Society.
3. Cass County Medical Society.
4. Clinton County Medical Society.
5. Eaton County Medical Society.
6. Gogebic County Medical Society.
7. Ingham County Medical Society.
8. Jackson County Medical Society.
9. Lapeer County Medical Society.
10. Lenawee County Medical Society.
11. Livingston County Medical Society.
12. Luce County Medical Society.
13. Manistee County Medical Society.
14. Menominee County Medical Society.
15. Muskegon County Medical Society.
16. Nawaygo County Medical Society.
17. Northern Michigan Medical Society.
18. Oceana County Medical Society.
19. Ontonagon County Medical Society.
20. Schoolcraft County Medical Society.
21. Shiawassee County Medical Society.
22. Tuscola County Medical Society.

The above County Medical Societies have paid dues in full for each and every member of the County and State Medical Society. A number of other County Societies lack but a few, sometimes only one or two, of being One Hundred Per Cent. Have YOU paid your dues?

Council and Committee Meetings:

1. September 21, 1937—Contact Committee with Michigan Parole Commission—Jackson, 12:00 noon.
2. September 26, 1937—The Council, Michigan State Medical Society—Cascade Hills Country Club, Grand Rapids—6:30 P. M.
3. September 28, 1937—Cancer Committee—Hotel Pantlind, Grand Rapids—5:00 P. M.
4. September 28, 1937—County Secretaries' Conference—Hotel Pantlind, Grand Rapids—5:30 P. M.
5. September 29, 1937—Preventive Medicine Committee—Hotel Pantlind, Grand Rapids—12:00 noon.
6. September 29, 1937—Advisory Committee on Syphilis Control Program—Hotel Pantlind, Grand Rapids—12:00 noon.
7. September 30, 1937—Michigan State Medical Society Committee Chairmen for 1937-38—Hotel Pantlind, Grand Rapids—12:15 P. M.

Dr. Wm. J. Stapleton of Detroit and daughter Sally spent their vacation in Mexico City.

The "curative" qualities of soaps and cosmetics—as advertised by their manufacturers—are now being investigated by the Federal Trade Commission.

The fifty-fifth annual meeting of the Wabash Railway Surgical Society was held September 27 and 28 at the Hotel Sherman, Chicago.

The Bay County Medical Society sponsored its Annual Ladies Night at the Bay City Country Club on Wednesday, September 22. This is an annual dinner-dance.

Dr. Walter Mercer of Webberville addressed the Ingham County Pomona Grange at Webberville

on Saturday, September 18, on the subject "The Evils of Socialized Medicine."

Dr. John E. Handy of Caro, Michigan, was guest of honor at the dinner tendered by the Tuscola County Medical Society on October 7. Dr. Handy has completed fifty years of medical practice.

According to the National Automobile Dealers' Association, low-income families offer the largest market for motor cars; the majority of present automobile-owners earn less than \$30 per week.—*News-Week*, July 31, 1937.

Senator D. Hale Brake of the 25th Senatorial District, Stanton, is to be guest of honor at the October 12th meeting of the Ionia-Montcalm County Medical Society to be held in Ionia. Senator Brake will speak on "Good Health Legislation."

The September or "Grand Rapids Number" of THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY totaled 122 pages. It contained the program of the Annual Meeting and the reports to be submitted to the House of Delegates.

Mr. Wm. J. Burns, executive secretary of the Michigan State Medical Society, addressed the Exchange Club of Benton Harbor on Tuesday noon, August 31. Mr. Burns' topic was "What the Medical Society Means to Your Community."

A public speaking course for physicians interested in forensics is being arranged by the Speakers Bureau Committee of the Wayne County Medical Society. Fifty members of the Wayne County Medical Society signified their interest in such a course.

Civil Service examination for Associate Medical Officer at \$3,200 a year is announced by the Secretary of the Board of United States Civil Service Examiners. Applications must be on file with the U. S. Civil Service Commission at Washington, D. C., not later than October 18, 1937.

The sincere thanks of the Publications Committee is extended to Mead Johnson & Company for their courtesy in relinquishing the front page of the September issue of THE JOURNAL in order that the photograph of the Civic Auditorium might be placed in this prominent position.

President Henry E. Perry announced the appointment of the following committee to serve as a Contact Committee with the Parole Commission of the State of Michigan: Drs. Philip A. Riley, chairman, Jackson; L. Fernald Foster, Bay City; R. B. Allen, Detroit; I. W. Greene, Owosso; and A. C. Furstenberg, Ann Arbor.

Representatives of the Michigan State Medical Society to the proposed Michigan Health League, to be composed of physicians, dentists, nurses, pharmacists, and interested laymen are: Dr. Ray G. Tuck, Pontiac, chairman; Dr. L. G. Christian, Lansing; Dr. T. K. Gruber, Eloise; and Dr. J. M. Robb, Detroit.

Dr. Frederick W. Robbins of Pasadena, California, visited friends and acquaintances in Detroit in September. Dr. Robbins practiced urology in Detroit up to twelve year ago, when he retired. He was, for a number of years, professor of urology at the Detroit College of Medicine and Surgery.

GENERAL NEWS AND ANNOUNCEMENTS

Dr. George Kamperman of Detroit was awarded the honorary degree of Master of Science by the University of Michigan at the commencement of the medical school. We are looking forward to the publication of Dr. Kamperman's address before the faculty and students.

* * *

"Doctors and Public Speaking" is the title of an article by Dr. P. A. Teschner, of the Bureau of Health and Public Instruction, American Medical Association. This is a very excellent presentation and a timely one. Copies may be secured by writing Doctor Teschner at the American Medical Association, 535 N. Dearborn Street, Chicago.

* * *

Dr. Roy D. McClure sailed on Saturday, September 11, for Italy, on his way to present a paper before the 46th Session of the French Congress of Surgery in Paris, on October 4, on "The Tannic Acid Treatment of Burns." He will illustrate his talk with colored motion pictures showing this method of treatment.

* * *

The **Beaumont Foundation Lectures** given under the auspices of the Wayne County Medical Society will be held in April, 1938, instead of February. The lecturer will be Dr. H. N. Evans, Director of the Institute of Experimental Biology, California. His general subject will be "Anterior Pituitary Physiology." The exact title as well as exact date will be announced later.

* * *

The **first West Coast meeting** of the American Academy of Orthopedic Surgeons will be held on January 16-20, 1938, at the Hotel Biltmore, Los Angeles. Special trains will be run with stop-overs at Santa Fe, the Grand Canyon, San Francisco and other points. For further information write to Robert L. Lewin, Hotel Biltmore, Los Angeles, California.

Dr. Meyer Wiener of St. Louis will address the Detroit Ophthalmological Club Wednesday, November 3, 1937, at the Wayne County Medical Society's headquarters. All the oculists of the State are invited to enjoy this lecture. A subscription dinner at 6:30 P. M. will precede the Lecture, for which reservations should be made by addressing the Cafe, care of the Wayne County Medical Society, Woodward at Canfield, Detroit.

* * *

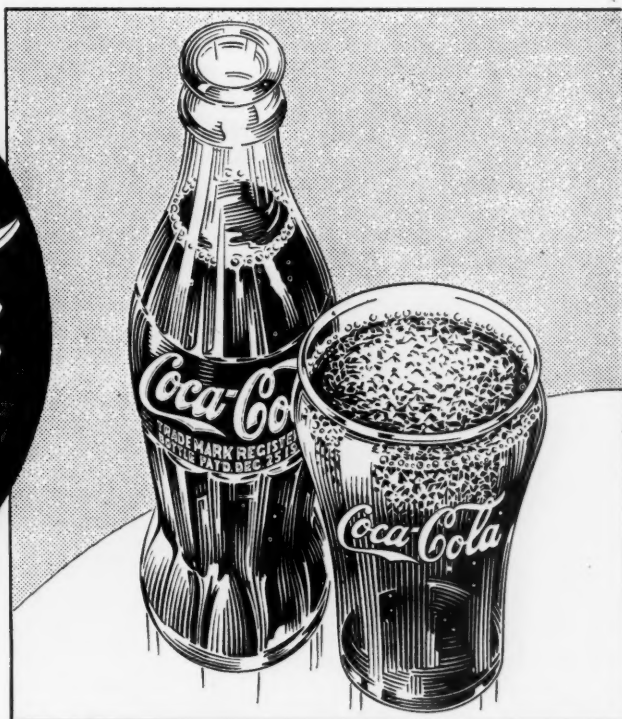
Dr. Charles A. Teifer of Muskegon resumed practice in September, after recovery from injuries received in an automobile accident near Boyne City, the night of November 21, 1936, when he was returning from a deer hunting trip. Dr. Teifer suffered a broken back, chest and other injuries and was in the hospital at Petoskey for some time before being removed by ambulance to a Muskegon hospital. Later he was taken to his home, remaining in a cast for several months. Dr. Teifer is president-elect of the Muskegon County Medical Society.

* * *

"The Medical Supplement" of the Wayne County Medical Society appeared in the *Detroit Free Press* on Sunday, September 26. Congratulations to the Wayne County Medical Society on this pioneering activity in Michigan. Copies of the Medical Supplement were distributed at the Secretaries' Conference, on the occasion of the Michigan State Medical Society Convention in Grand Rapids, September 28, 1937. Mr. Lawrence C. Salter of the *Free Press* explained to those present the mechanics of developing a medical supplement.

* * *

The **Jackson County Medical Society** sponsored the Michigan State Premiere of the Camp's "Transparent Woman" in the Auditorium of the Jackson County Building, Jackson, on Thursday, September 23. President-elect Henry Cook of Flint; Council Chairman P. R. Urmston of Bay City; Secretary



Pure refreshment

Ⓒ All worth while laboratory examinations; including—

Tissue Diagnosis
The Wassermann and Kahn Tests
Blood Chemistry
Bacteriology and Clinical Pathology
Basal Metabolism
Aschheim-Zondek Pregnancy Test
Intravenous Therapy with rest rooms for Patients.
Electrocardiograms

Central Laboratory

Oliver W. Lohr, M.D., Director

302 S. Jefferson Ave.

Saginaw

Phone, Dial 2-3893

The pathologist in direction is recognized by the Council on Medical Education and Hospitals of the A. M. A.



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**For the Care and Treatment of
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Building Absolutely Fireproof

BYRON M. CAPLES, M. D., Medical Director

FLOYD W. APLIN, M. D.

WAUKESHA, WIS.

L. Fernald Foster of Bay City, and Executive Secretary Wm. J. Burns represented the State Society. Many physicians from central Michigan visited Jackson and viewed the Transparent Woman at this showing. The Transparent Woman was on exhibition for ten days.

* * *

Michigan physicians who have written scientific papers which have appeared in *The Journal of the American Medical Association* during the past summer are as follows: An article entitled "PicROTOXIN in the Treatment of Barbiturate Poisoning" by E. M. Kline, M.D., Edward Bigg, M.D., H. A. K. Whitney, Ph.C., Ann Arbor, appearing July 31, 1937. "Intensive Case Finding Work in Tuberculosis" by Henry F. Vaughan, Dr.P.H., and Bruce H. Douglas, M.D., Detroit, appearing in September 4th issue. "The Incidence of Operations for Goiter in Southern Michigan," "Effect of Iodized Salt after Twelve Years General Use," by Roy D. McClure, M.D., Detroit.

* * *

Crippled and Afflicted Child Commitments for August, 1937.

Crippled Child: Total of 260 cases. Of the total number 122 went to University Hospital, and 138 to miscellaneous hospitals. From Wayne County (included in above totals): Total of 59 cases, of which 9 went to University Hospital and 50 to miscellaneous hospitals.

Afflicted Child: Total of 1,629. Of the total number, 266 went to University Hospital, and 1,363 to miscellaneous hospitals. From Wayne County (included in above totals): Total of 415 cases, of which 27 went to University Hospital and 388 went to miscellaneous hospitals.

* * *

Dr. Frank H. Lahey and Dr. Lewis M. Hurxthal of the Lahey Clinic, Boston, will bring a group of lectures on "Thyroid Disease" on Friday, November 19, 1937, in the Henry J. Doermann Theatre at the University of Toledo. This program is sponsored by The Medical Institute of the University of Toledo and is the Fourth Annual Postgraduate Day.

Doctor Lahey will discuss the surgical aspects and Doctor Hurxthal will give consideration to the medical aspects. There will be three lectures by each, the first at 10:00 a. m., afternoon lecture at 2:00 p. m., and the closing evening lecture at 8:30 p. m. All members of the Michigan State Medical Society are cordially invited to attend the Toledo University post-graduate lectures.

* * *

Edward A. Filene, Boston Department store merchant and perennial campaigner for coöperatives organized and endowed in January, 1936, the \$1,000,000 Consumers Distribution Corporation, designed to propagandize coöperative business.

Recently a contract was signed by C.D.C. with Secretary of Agriculture Henry Wallace, whereby the corporation would organize and operate all commercial enterprises in the Resettlement Administration town of Greenbelt, Maryland, which accommodates 885 families.

Consumers Distribution will be the \$14,000,000 community shopkeeper. News-Week states: "Although the C.D.C. will equip and furnish doctors' and dentists' offices, so far it has ducked the explosive question of socialized medicine."

* * *

A "Golfers Special" to the San Francisco meeting of the A. M. A. is being organized by the American Medical Golfing Association. Physicians who like golf mixed with their travel will find five games arranged on the trip out to the coast for the American Medical Association meeting of June 13, 14, 15, 16, and 17, 1938, and three games on the return trip through the Northwest. The

GENERAL NEWS AND ANNOUNCEMENTS

first game will be played in New Orleans, reached by the Steamship S. S. Dixie from New York (or via a rail itinerary) on Tuesday, June 7, 1938. Other stops include Houston, Galveston, and San Antonio, Texas; Los Angeles, Del Monte, California; and finally San Francisco, where the big American Medical Golfing Association tourney will be held Monday, June 13, 1938.

The return trip includes games at Portland, Oregon; Seattle, Washington; Vancouver, B.C.; Lake Louise and Banff, with stops at Saint Paul and Chicago.

For full particulars write Dr. Walt P. Conaway, 1723 Pacific Avenue, Atlantic City, N. J., president of the American Medical Golfing Association.

* * *

The thanks of the Michigan State Medical Society are due the following physicians who made a ten-day tour of the county medical societies of the Upper Peninsula during the month of August, to bring them messages of the Michigan State Medical Society, its activities, its program for the future. The 2,000 mile tour was taken by President Henry E. Perry, Newberry; President-elect Henry Cook, Flint; Secretary L. Fernald Foster, Bay City; Council Chairman P. R. Urmston, Bay City; and Executive Secretary Wm. J. Burns, Lansing. Five of the ten cities were visited by Councilor Roy H. Holmes of Muskegon, Delegate Louis J. Hirschman of Detroit and immediate Past-president Grover C. Penberthy of Detroit.

The Luce and Schoolcraft County Medical Societies "State Society Night" was addressed by Dr. L. G. Christian, Lansing, chairman of the Legislative Committee; Dr. Philip A. Riley, Jackson, vice-speaker of the House of Delegates; Dr. E. D. Crowley, Jackson, president of the Jackson County Medical Society. The Menominee County Medical Society was addressed by Dr. J. Earl McIntyre of the State Board of Registration in Medicine, Lansing.

* * *

Twelfth Annual Clinic of the Highland Park Physicians' Club

A group of excellent medical speakers has been assembled that promises to make the 12th Annual Clinic of the Highland Park Physicians' Club a long-remembered and fruitful meeting to the many who will attend. Wednesday, December 1, is the date of the clinic this year.

The following men have signified their participation and topics:

- Dr. Kellogg Speed—Fractures of the Spine.
- Dr. C. F. Dixon—Surgical Lesions of the Colon.
- Dr. John Dees—Sulfanilamid in Gonococcal Infections.
- Dr. A. F. Lash—Puerperal Sepsis.
- Dr. Samuel Iglaue—Deep Infections of the Neck.
- Dr. I. M. Rabinowitch—Diabetes Mellitus.

The Highland Park General Hospital will be the meeting place, and a complimentary luncheon will be served by the hospital. A banquet at the Statler Hotel in the evening will close the day, at which Dr. Rabinowitch will speak on his recent trip into the Far North on a study of disease among the Eskimos. A complete program will be published in the November issue of THE JOURNAL.

* * *

Northern Tri-State Medical Society

The executive officers of the Northern Tri-State Medical Society met at their annual executive meeting at the Detroit Boat Club, where they were entertained at dinner by Dr. William M. Donald, on August 22, 1937. Dr. C. E. Umphrey, president of the Wayne County Medical Society, was present as honor guest, and extended a welcome on behalf of the local society. The officials present were: Dr. G. E. Jones, president, of Lima, Ohio; Dr. Robert H. Elrod, of Toledo, secretary; Dr. L. T.



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Rawles of Fort Wayne, Indiana; Dr. D. R. Brasie of Flint, Michigan; Dr. O. P. Klotz of Findlay, Ohio; Dr. W. W. Beauchamp of Lima, Ohio; Dr. W. H. Marshall of Flint, Michigan; Dr. G. O. Larson of LaPorte, Indiana, and Dr. J. N. Kelly of LaPorte, Indiana. Findlay, Ohio, was selected as the meeting place for the 1938 meeting, the local county society having extended a pressing invitation to be permitted to act as hosts. A brilliant skeleton program was worked out with a list of speakers of national prominence, and it was agreed that the outlook for 1938 was of a very high character.

* * *

Excerpt from Boake Carter's Philco Broadcast of July 28, 1937: "Today bearded Senator Ham Lewis of Illinois proposed a resolution which would require all physicians, surgeons and hospitals in the nation to give aid to any poor person without financial means and then send the bill to the Government. The Lewis proposal regarding doctors treating impoverished people and sending the bill to the Social Security Board, seems to be a gratuitous and somewhat insulting slap at the medical profession in general. If anyone could ever compile, from every doctor in the nation, a list of the number of cases of free treatment each medical man gives per year, it would reveal that physicians and surgeons probably do more to help relieve human suffering without asking a dime for their services than any other one group of human individuals. There are, of course, exceptions to the rule, as there are in every case, but I believe a guess that 90 per cent are not Shylocks is not an unreasonable guess. The Lewis resolution would provide heavy penalties for anyone who pretended he was broke in order to get such treatment. Think of the huge

army of jobholders that would be necessary to investigate. Consider the Treasury-wrecking subsidies that would be required to support such a scheme. Day by day, in every way, it seems, the Government is becoming more and more paternalistic, with all its attendant colossal increase in costs—but this is about the gaudiest piece of paternalism ever proposed in the halls of the United States Congress."

* * *

In the July 5 issue of the Cincinnati Times-Star the following editorial appeared:

"Misplaced Demagogery—'It's a damned outrage,' shouts Representative Maury Maverick from the pages of a book he has just published, 'that a poor man can't go to a doctor. Why can't every man be operated upon when he needs it? Why should people watch their children die? Why should a man in moderate circumstances have to die because he hasn't got the money for an operation and hospital expenses?'"

"Such fulminations as these could come only from a politician well schooled in the gentle art of demagoguery, but sublimely ignorant of the fact. Everyone knows, including perhaps Mr. Maverick, that he is talking through his hat. It is a celebrated truth that during the depression the medical profession went broke, or almost so, because a great proportion of its services were completely unremunerated. It is no less true that in all times doctors charge, or do not charge, according to ability to pay. Nor can we think of a hospital, even those operated on endowments left by the hard-hearted rich, which turns away the sick just because they are poor.

"If Mr. Maverick wants to play the demagogue, his heart-rending baloney can find a greater similitude of truth in other fields."

The Editor of the *Times-Star* is to be congratulated. An editorial of this kind is of great service in making clear to the public the unsound viewpoint of reformers who mistakenly think they are solving the problem of adequate distribution of medical care by schemes for regimenting doctors and patients. It makes no difference whether the scheme is some plan for compulsory health insurance operated privately or a plan for state medicine supported by taxes and managed by politicians. Either method has but one result—deterioration in the quality of medical care.

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GENERAL NEWS AND ANNOUNCEMENTS

DR. L. G. CHRISTIAN OF LANSING GETS STATE POST

GOVERNOR FRANK MURPHY announced, on August 13, the appointment of Dr. Leo Gregory Christian of Lansing to the New State Hospital Commission.

Dr. Christian, chairman of the Legislative Committee of the Michigan State Medical Society, was a leader in the society's work to have the 1937 legislature pass the Basic Science Law, medical relief legislation, the Prenuptial Physical Examination Law, the statute permitting the teaching of social hygiene in the public schools, and other good health laws.



DR. L. G. CHRISTIAN

Dr. Christian was honored by the Ingham County Medical Society at its July meeting for his work. A resolution was unanimously adopted expressing the Society's appreciation, and a Tiffany watch was presented to him. The Ingham County Society dedicated its July *Bulletin* to Dr. Christian.

The Council of the Michigan State Medical Society, at its meeting of August 11, extended to Dr. Christian an earnest expression of its appreciation and gratitude for his work, zeal and service to the public and to Michigan Medicine.

The House of Delegates of the Michigan State Medical Society, at its Grand Rapids session, presented a scroll to the delegate from Lansing which read as follows:

To LEO GREGORY CHRISTIAN, M.D.

In Recognition of his Services to Humanity and to Medicine
Michigan State Medical Society

By Henry E. Perry, M.D., President

L. Fernald Foster, M.D., Secretary

September twenty-seventh

Nineteen Hundred Thirty-Seven

On the State Hospital Commission, Dr. Christian will confine his work to the medical phases of the Michigan institutions. The position is one of honor, and carries no remuneration. The board meets at least once a month, and inspects all state hospitals each year.

The congratulations of the Michigan State Medical Society are extended to Commissioner Christian, and best wishes for full success in his efforts to improve our state hospitals.

OCTOBER, 1937

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GENERAL NEWS AND ANNOUNCEMENTS

Medical Society Exempt under Federal Internal Revenue Laws

The following letter was received from the Commissioner of Internal Revenue, Treasury Department, Washington, D. C., by the Wayne County Medical Society, granting the society's petition for exemption under the Internal Revenue Laws, as a scientific, educational, charitable, non-profit association. This is a valuable precedent and may be of some assistance to other county medical societies of the state as well as other parts of the United States:

September 4, 1937

"Wayne County Medical Society
4421 Woodward Avenue
Detroit, Michigan

Sirs:

"Reference is made to the evidence submitted by you in support of your claim to exemption from the payment of taxes imposed by the Social Security Act. Previous to ruling upon your status for social security tax purposes, it is deemed advisable to determine your status for Federal income tax purposes.

"The evidence transmitted discloses that you were incorporated under the laws of the State of Michigan in 1910. Your purposes are 'To promote social intercourse between the physicians of Wayne County; to encourage the interchange of views and discussion of all matters affecting their professional calling and work; in the investigation of all questions and the dissemination of useful knowledge pertaining and necessary to the advancement and promotion of science and public health; and to acquire and hold real and personal property as shall be necessary for a proper maintenance and conduct of its affairs.'

"Your activities are scientific, educational and charitable, including:

- (1) Medical Aid and Dental Aid offices where medical and dental care are provided for the unemployed.
- (2) A Medical Service Bureau where complete medical care is given to the underprivileged of Detroit and Wayne County.
- (3) A Medical-Dental Bureau where free care is given to the unemployed on welfare.
- (4) A tumor Registry, a public health function.
- (5) An office of The McGregor Foundation for aiding the underprivileged in rehabilitation and medical problems and
- (6) A Teaching Center and Branch Office of the Visiting Nurse Association.

"Your work is administered by sixty committees. Your scientific activities consist of:

1. Weekly meetings at which valuable postgraduate lectures and demonstrations are presented for members of the society.
2. The Noon Day Study Club, a group of several hundred younger members of the society, holds weekly scientific postgraduate course from September to June.
3. A postgraduate course in cooperation with the Michigan State Medical Society and Extension Division of the University of Michigan, in various fields of medicine.
4. A lectureship Foundation Committee of the society presents an annual series of postgraduate talks, presenting such men as James Ewing, Charles F. Doan, Robert B. Osgood, Professor Mayo and Professor Plumer.

"Your income is derived from membership dues and it is expended for general maintenance and operating expenses.

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"Based on the facts presented, it is held that you are entitled to exemption under the provisions of section 101 (6) of the Revenue Act of 1936, and the corresponding provisions of prior revenue acts. You are not, therefore, required to file returns for 1936 and prior years. Returns will not be required for subsequent years so long as there is no change in your organization, your purposes, or your method of operation.

"Any changes in your form of organization or method of operation, as shown by the evidence submitted, must be immediately reported by you to the collector of internal revenue for your district in order that the effect of such changes upon your present exempt status may be determined.

"The exemption granted in this letter does not apply to taxes levied under other titles or provisions of the respective revenue acts, except insofar as exemption is granted expressly under those provisions to organizations enumerated in section 101 of the Revenue Act of 1936 and the corresponding sections of prior revenue acts.

"Contributions made to your organization by individual donors are deductible by such individuals in arriving at their taxable net income in the manner and to the extent provided by section 23 (o) of the Revenue Act of 1936 and the corresponding provisions of prior revenue acts. The deductibility of contributions by corporations is governed by section 23 (q) of the Revenue Act of 1936.

"A copy of this letter is being transmitted to the collector of internal revenue of your district.

"The question of your exemption from the payment of taxes imposed by the Social Security Act will be made the subject of a separate communication.

"By direction of the Commissioner.
(Signed) CHAS. T. RUSSELL, Deputy Commissioner."

* * *

INTERNATIONAL MEDICAL ASSEMBLY INTER-STATE POSTGRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA

St. Louis, Missouri
October 18, 19, 20, 21, 22, 1937

PROGRAM

Monday, October 18

- Diagnostic Clinic: "Cosmetic Results in the Treatment of Cancerous Skin Lesions."
Dr. Joseph Eller, Professor of Clinical Dermatology and Syphilology, New York Postgraduate Medical School, Columbia University, New York, N. Y.
- Diagnostic Clinic: "Hypertensive Heart Disease, Manifestations, Diagnosis, Treatment."
Dr. Fred M. Smith, Professor of Theory and Practice of Medicine, State University of Iowa College of Medicine, Iowa City, Iowa.
- Diagnostic Clinic: "Deficiency Diseases."
Dr. Russell L. Haden, Chief of Medical Division, Cleveland Clinic, Cleveland, Ohio.
- Diagnostic Clinic: "The Symptoms and Treatment of Injuries of the Spinal Cord."
Dr. Loyal Davis, Professor of Surgery, Northwestern University School of Medicine, Chicago, Illinois.
- Diagnostic Clinic: "Types of Obesity and Their Treatment."
Dr. Reginald Fitz, Associate Professor of Medicine, Boston University Medical School, Boston, Mass.
- Diagnostic Clinic: "Surgical Treatment of Peptic Ulcer."
Dr. Donald C. Balfour, Professor of Surgery,

OCTOBER, 1937

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University of Minnesota Graduate School of Medicine, Mayo Clinic, Rochester, Minn.
Address: "Ulcerative Colitis and Its Surgical Management."

Dr. Richard B. Cattell, Lahey Clinic, Boston, Massachusetts.

Address: "The Roentgen Treatment of Infections."

Dr. Frederick M. Hodges, Professor of Clinical Radiology, Medical College of Virginia, Richmond, Virginia.

Address: "Meningitis Secondary to Disease of the Bones of the Skull."

Dr. Wells P. Eagleton, Newark, New Jersey.

Address: "The Treatment of Urinary Infections in Infants and Children."

Dr. John R. Caulk, Professor of Clinical Genito-Urinary Surgery, Washington University School of Medicine, St. Louis, Missouri.

Address: "Prenatal Care."

Dr. Otto H. Schwarz, Professor of Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, Missouri.

Address: "Granulomatous Lesions of the Intestines."

Dr. Claude F. Dixon, Assistant Professor of Surgery, University of Minnesota Graduate School of Medicine, Mayo Clinic, Rochester, Minn.

Address: "Recent Advances in the Field of Abdominal Surgery."

Mr. W. Hugh Cowie Romanis, F.R.C.S., Surgeon to St. Thomas Hospital, London, England.

Address: "The Influence of Drugs upon the Physiology of the Failing Heart."

Dr. Maurice B. Visscher, Professor of Physiology and Head of the Department, University of Minnesota Medical School, Minneapolis, Minnesota.

Address: "The Mechanism and Treatment of Congestive Heart Failure."

Dr. Tinsley R. Harrison, Associate Professor of Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee.

Address: "The Diagnostic Significance of Abdominal Pain."

Dr. Frederick J. Kalteyer, Clinical Professor of Medicine, Jefferson Medical College, Philadelphia, Pennsylvania.

Address: "Carcinoma of the Stomach."

Dr. Waltman Walters, Professor of Surgery, University of Minnesota Graduate School of Medicine, Mayo Clinic, Rochester, Minnesota.

Address: "Chronic Prostatitis."

Dr. Cyrus E. Burford, Professor of Urology, St. Louis University School of Medicine, St. Louis, Missouri.

Tuesday, October 19

Diagnostic Clinic: "The Effects of General Infection on the Nervous System of Children."

Dr. Bronson Crothers, Assistant Professor of Pediatrics, Harvard University Medical School, Boston, Mass.

Diagnostic Clinic: "Spastic Paralysis."

Dr. Alan deForest Smith, Clinical Professor of Orthopedic Surgery, Columbia University College of Physicians and Surgeons, New York, N. Y.

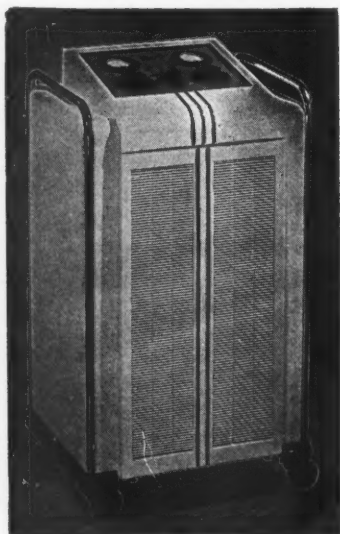
Diagnostic Clinic: (Subject to be supplied.)

Dr. Dean D. Lewis, Professor of Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland.

Diagnostic Clinic: "Pitfalls in the Diagnosis of Acute Abdominal Conditions."

Dr. Alton Ochsner, Professor of Surgery, Tulane

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University of Louisiana School of Medicine,
New Orleans, La.

Diagnostic Clinic: "Various Types of Edema and
Their Treatment."

Dr. David P. Barr, Busch Professor of Medicine,
Washington University School of Medicine, St.
Louis, Missouri.

Diagnostic Clinic: "The Management of Compound
Fractures of the Extremities."

Dr. John J. Moorhead, Professor of Clinical Sur-
gery, New York Postgraduate Medical School,
Columbia University, New York, N. Y.

Address: "Migraine."

Dr. Thomas Cecil Hunt, St. Mary's Hospital, Lon-
don, England.

Address: "Cicatrizing Enteritis—A Neglected Clin-
ical Entity."

Dr. Elliott C. Cutler, Moseley Professor of Sur-
gery, Harvard University Medical School, Bos-
ton, Mass.

Address: "The Problem of Ocular Tuberculosis."
The Joseph Schneider Foundation Presentation.

Dr. Alan C. Woods, Acting Professor of Ophthal-
mology, Johns Hopkins University School of
Medicine, Baltimore, Md.

Address: "Combined Abdomino-perineal Resection
for Carcinoma of the Rectum."

Dr. Thomas E. Jones, Cleveland Clinic, Cleveland,
Ohio.

Address: "Early Diagnosis and Treatment of Can-
cer of the Cervix."

Dr. John R. Fraser, Professor of Obstetrics and
Gynecology, McGill University Faculty of Medi-
cine, Montreal, Canada.

Address: (Subject to be assigned.)

Dr. Marion L. Klinefelter, St. Louis, Missouri.

Address: "Growth Disturbances of the Pelvis and
Femur Resulting from Diseases of the Hip
Joint."

Dr. Dallas B. Phemister, Professor of Surgery,
University of Illinois College of Medicine, Chi-
cago, Illinois.

Address: "The Post Hoc Ergo Propter Hoc
Fallacy in Medicine."

Dr. Robert D. Rudolf, Professor Emeritus of
Therapeutics, University of Toronto Faculty of
Medicine, Toronto, Canada.

Address: "Allergy as Related to the Otolaryngol-
ogist."

Dr. Harold G. Tobey, Boston, Massachusetts.

Address: "Newer Methods in the Medical Treat-
ment of Peptic Ulcer."

Dr. Horace W. Soper, St. Louis, Missouri.

Address: "Subdural Hematoma."

Dr. Eric Oldberg, Professor of Neurology and
Neurological Surgery, University of Illinois
College of Medicine, Chicago, Illinois.

Address: "Toxemias of Pregnancy."

Dr. Nicholson J. Eastman, Professor of Obstetrics,
Johns Hopkins University School of Medicine,
Baltimore, Maryland.

Wednesday, October 20

Diagnostic Clinic: "Hay Fever."

Dr. J. Harvey Black, Professor of Preventive
Medicine, Baylor University College of Medi-
cine, Dallas, Texas.

Diagnostic Clinic: "Newer Methods of Vascular
Surgery."

Dr. Wayne Babcock, Professor of Surgery and
Clinical Surgery, Temple University School of
Medicine, Philadelphia, Pa.

Diagnostic Clinic: "Bronchiectasis and Certain
Phases of Tuberculosis."

Dr. Charles R. Austrian, Associate Professor of

OCTOBER, 1937

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- Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154 ☐
- N. Y. State Jour. Med., June 1935, Vol. 35, No. 11 ☐
- Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60 ☐

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Registrar, 427 South Honore Street, Chicago, Ill.

Medicine, Johns Hopkins University School of Medicine, Baltimore, Md.

Diagnostic Clinic: "Dyspepsia, Organic Reflex and Functional."

Dr. Walter C. Alvarez, Professor of Medicine, University of Minnesota, The Mayo Foundation, Rochester, Minn.

Diagnostic Clinic: "Syphilis of the Central Nervous System."

Dr. Leon H. Cornwall, Associate Professor of Neurology, Columbia University College of Physicians and Surgeons, New York, N. Y.

Diagnostic Clinic: "Abdominal Pain."

Dr. Irvin Abell, Clinical Professor of Surgery, University of Louisville School of Medicine, Louisville, Kentucky.

Address: "Drugs in the Treatment of Heart Disease."

Dr. Robert L. Levy, Professor of Clinical Medicine, Columbia University College of Physicians and Surgeons, New York, N. Y.

Address: "Diagnosis and Treatment of Brain Abscess."

Dr. Walter E. Dandy, Adjunct Professor of Neurological Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland.

Address: "X-ray Treatment of the Pituitary Gland."

Dr. Merrill C. Sosman, Assistant Professor of Roentgenology, Harvard University Medical School, Boston, Mass.

Address: "Water Balance in Surgical Patients with Special Reference to Pre- and Postoperative Management."

Dr. Frederick P. Collier, Professor of Surgery, University of Michigan Medical School, Ann Arbor, Michigan.

Address: "Anxiety States in General Practice."

Dr. William J. Kerr, Professor of Medicine, University of California Medical School, San Francisco, California.

Thursday, October 21

Diagnostic Clinic: "Cirrhosis of the Liver."

Dr. Charles A. Elliott, Professor of Medicine, Northwestern University School of Medicine, Chicago, Illinois.

Diagnostic Clinic: "Factors to be Considered in the Diagnosis of Diseases of the Genito-Urinary Tract."

Dr. William E. Lower, Cleveland Clinic, Cleveland, Ohio.

Diagnostic Clinic: "Nephritis."

Dr. Jonathon C. Meakins, Professor of Medicine, McGill University Faculty of Medicine, Montreal, Canada.

Diagnostic Clinic: "Postoperative Fistulae with Special Reference to the Gall-Bladder."

Dr. John F. Erdmann, Attending Surgeon, New York Postgraduate Hospital and Medical School, Columbia University, New York, N. Y.

Diagnostic Clinic: "The Relation of Diabetes to Arteriosclerosis."

Dr. Elliott P. Joslin, Clinical Professor of Medicine, Harvard University Medical School, Boston, Mass.

Address: "A New Approach to the Treatment of Peptic Ulcer."

Mr. Wilson Hey, F.R.C.S., Surgeon, Manchester Royal Infirmary, Manchester, England.

Address: "The Present Status of Studies on the Thymus."

Dr. Leonard G. Rowntree, Director, Philadelphia Institute for Medical Research, Philadelphia, Pa.

Address: "The Adherent Posterior Duodenal Ulcer."

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Address: "High Saphenous Ligations Plus Injections for Varicose Veins of the Leg."

Dr. William D. Haggard, Professor of Surgery, Vanderbilt University School of Medicine, Nashville, Tennessee.

Address: "Endocarditis."

Dr. Ralph A. Kinsella, Professor of Internal Medicine, St. Louis University School of Medicine, St. Louis, Missouri.

Address: "Recent Advances in Hormone Therapy as Applied to Gynecological Problems."

Dr. Emil Novak, Associate in Gynecology, Johns Hopkins University School of Medicine; Associate Professor of Obstetrics, University of Maryland School of Medicine, Baltimore, Maryland.

Address: "The Surgical Treatment of Diverticulitis."

Dr. Fred W. Rankin, Lexington, Kentucky.

Address: "Diagnosis and Treatment of Displacements of the Uterus."

Dr. William H. Vogt, Director of the Department of Gynecology and Obstetrics, St. Louis University School of Medicine, St. Louis, Mo.

Address: "The Relation of the Development of the Child to the Endocrine System."

Dr. Charles R. Stockard, Professor of Anatomy, Cornell University Medical College, New York, N. Y.

Address: "Indications for Exploratory Laparotomy."

Dr. William T. Coughlin, Professor of Surgery, St. Louis University School of Medicine, St. Louis, Mo.

Address: "Tumors of the Kidney."

Dr. Herman L. Kretschmer, Clinical Professor of Surgery, Rush Medical College, University of Chicago, Chicago, Ill.

Friday, October 22

Diagnostic Clinic: "Surgical Lesions of the Common and Hepatic Ducts."

Dr. Frank H. Lahey, Director of Surgery, Lahey Clinic; Surgeon to the New England Baptist Hospital and the New England Deaconess Hospital, Boston, Mass.

Diagnostic Clinic: "The Diagnosis and Management of Cardiac Arrhythmias."

Dr. Roy W. Scott, Professor of Clinical Medicine, Western Reserve University School of Medicine, Cleveland, Ohio.

Diagnostic Clinic: "Chest Surgery."

Dr. Evarts A. Graham, Bixby Professor of Surgery, Washington University School of Medicine, St. Louis, Missouri.

Diagnostic Clinic: "The Medical Treatment of Arthritis."

Dr. Cyrus C. Sturgis, Professor of Internal Medicine, University of Michigan Medical School, Ann Arbor, Michigan.

Diagnostic Clinic: "Diagnosis and Management of Diseases of the Thyroid Gland."

Dr. George Crile, Cleveland Clinic, Cleveland Ohio.

Address: "The Surgical Treatment of Arthritis."

Dr. Philip D. Wilson, Clinical Professor of Orthopedic Surgery, Columbia University College of Physicians and Surgeons, New York, N. Y.



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GENERAL NEWS AND ANNOUNCEMENTS

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Dr. Seale Harris, Professor Emeritus of Medicine, University of Alabama School of Medicine, Birmingham, Alabama.

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Dr. W. McK. Craig, Professor of Neurosurgery, University of Minnesota Graduate School of Medicine, Mayo Foundation, Rochester, Minnesota.

and

Dr. Alfred W. Adson, Professor of Neurosurgery, University of Minnesota Graduate School of Medicine; Senior Neurosurgeon of Mayo Clinic, Rochester, Minn.

Address: "Diagnosis and Treatment of Pneumonia."

Dr. Russell L. Cecil, Professor of Internal Medicine, New York Polyclinic Medical School and Hospital, New York, N. Y.

Address: "The Significance of Hoarseness and Local Discomfort in Laryngeal Disease."

Dr. Gabriel Tucker, Professor of Clinical Bronchoscopy and Esophagoscopy, University of Pennsylvania School of Medicine, and Professor of Bronchoscopy and Laryngeal Surgery, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Address: "The Surgery of Hermaphroditism and Associated Adrenal Diseases."

Dr. Hugh H. Young, Professor of Urology, Johns Hopkins University School of Medicine, Baltimore, Maryland.

Address: "The Menace of Postoperative Adhesions."

Dr. Fred W. Bailey, St. Louis, Missouri.

To America's Schools—YOUR HEALTH!

Once more, during the coming fall, winter and spring, the Voices of Medicine will salute the people of America, with the toast "YOUR HEALTH." This is the well-known title of the radio program of the American Medical Association and the National Broadcasting Company. The coming season will be the fifth; the first two years were devoted to health talks, and the last two seasons to dramatized health messages. This year, the salutation will be addressed particularly to the teachers and students in the Junior and Senior high schools, in the hope that the program will be helpful in illustrating, amplifying, and enriching the health in those schools. The program will be on the air while schools are in session, so that the program may be utilized directly in the thousands of schools which now have or soon will have radio and public address systems reaching the class-rooms. Programs will be announced in advance in *The Journal of the American Medical Association*. While the program is planned especially for high schools, it will not sacrifice the interest which it has held for listeners in the home. To teachers, students and stay-at-homes, the American Medical Association and the National Broadcasting Company will address their message of health education with the familiar musical theme HALE AND HEARTY, written especially for the program, and the toast, "To America's Schools, YOUR HEALTH."

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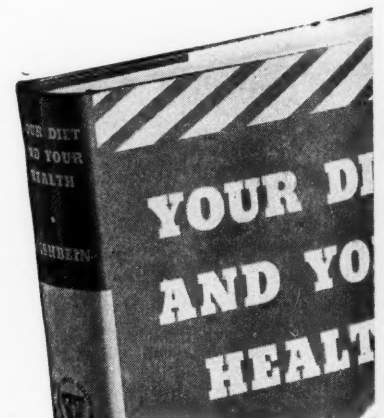
The book gives full discussions of the proportions of protein, carbohydrate, fat recommended; the value and use of minerals; the real importance of the much-touted vitamins; the merits of the various weight-reduction diets, and many other topics. There are also special sections on suggested diets; food "sensitivities"; and in general much good common sense on a subject which has been peculiarly obscured by fads.

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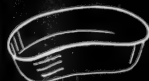
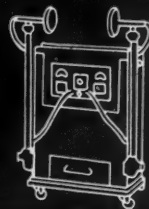
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TEXTBOOK OF GENERAL PHYSIOLOGY, by T. Cunliffe Barnes, D.Sc., Assistant Professor of Biology, Yale University. 555 pp. 165 ill. Phila., P. Blakiston's Son & Co., Inc., 1937. \$4.50.

* * *

LABORATORY MANUAL OF GENERAL PHYSIOLOGY. By T. Cunliffe Barnes, D.Sc., Assistant Professor of Biology, Yale University. 116 pp. Phila., P. Blakiston's Son & Co., Inc., 1937. \$1.00.

Unlike the traditional medical school physiology, this work on general physiology deals predominantly with basic cellular phenomena in functions of cold-blooded animals. Such subjects as diffusion, osmosis, permeability, water, cell movement, muscle contraction, nerve action, bioelectric phenomena and thermal characteristics form the main subjects of discussion. It is now many years since the last edition of Bayliss' classic work on general physiology appeared, and much subsequent research has amplified the field. The present text is an effective presentation for college and pre-medical students. It presumes some knowledge of physical and colloidal chemistry on the part of the reader. Throughout, basic physical, chemical and thermodynamical principles are emphasized in relation to physiological processes. The student's attention is constantly called to the results of recent research; references to approximately one thousand titles are made and nearly ninety per cent relate to publications of the past decade—an admirable supplement to Bayliss.

The laboratory manual which purports to cover a year course suggests procedures, asks questions as to results obtained and refers to the original publication in which the experiments were first reported. Both text and manual should form the basis to a stimulating course in general physiology, and the medical student with such a background should be admirably prepared for the mammalian and human physiology of his medical course.

THE LABORATORY DIAGNOSIS OF SYPHILIS. The Theory, Technic, and Clinical Interpretation of the Wassermann and Flocculation Tests With Serum and Spinal Fluid, by Harry Eagle, M.D., Past Assistant Surgeon, United States Public Health Service, Washington, D. C.; Lecturer in Medicine, Johns Hopkins University Medical School, Baltimore, Md.; Formerly Assistant Professor of Bacteriology, University of Pennsylvania Medical School. With Foreword by J. Earle Moore, M.D., Associate in Medicine, Johns Hopkins University; Physician in Charge, Syphilis Division of the Medical Clinic, and Assistant Visiting Physician, Johns Hopkins Hospital, Baltimore, Maryland. St. Louis: The C. V. Mosby Company, 1937. Price: \$5.00.

This work on The Laboratory Diagnosis of Syphilis is a very complete and up-to-date book, containing over 400 pages. In view of the anti-syphilis campaign throughout the United States, the volume is, to say the least, timely.

PHYSICAL DIAGNOSIS. By Don C. Sutton, M.S., M.D., Associate Professor of Medicine, Northwestern University School of Medicine, Attending Physician, and Chairman of the Medical Division of the Cook County Hospital; Chief of the Cardiac Clinic, Cook County Hospital, Chicago, Attending Physician, The Evanston Hospital. With 298 Text illustrations and 8 Colored Plates. St. Louis: The C. V. Mosby Co., 1937.

In this work of 460 pages of subject matter the author has presented an admirable outline of facts to be learned through careful Diagnostic Medicine. In large easily readable type he rapidly reviews the history of the Art of Physical Diagnosis, Meth-

ods of Physical Examination, Facts to be covered in History Taking, General Examination data to be looked for, with abundant illustrations. One half of the book deals with the examination of chest, lungs and heart. The abdominal and nervous system examinations are likewise concisely and clearly covered in a very refreshing manner. For a reference and review, this volume would be a most valuable addition to any physician's library.

RECENT ADVANCES IN PULMONARY TUBERCULOSIS. By L. S. Burrell, M.D., (Cantab), F.R.C.P., London, Third Edition, with 48 plates and 22 text figures. Philadelphia, P. Blakiston's Son & Co., Inc., 1937.

Tuberculosis at times assumes more than ordinary importance particularly when concerted efforts are exerted towards the elimination of the disease as in this state. Diphtheria, scarlet fever and smallpox together with typhoid, play a very minor rôle as the cause of death. They are well under control. Cancer, tuberculosis and syphilis are to the front, hence any up-to-date book on one of these subjects is a valuable contribution. The present volume discusses among other things, the subjects of prevention, diagnosis, radiology, childhood tuberculosis, and the various methods of treatment. The author writes: "Enormous advances have been made in surgical treatment, and the significance of cavities is now fully appreciated and yet the modern tendency is to avoid drastic surgical intervention if possible and to substitute partial for complete thoracoplastic operations."

THE 1937 YEAR BOOK OF RADIOLOGY. Diagnosis edited by Charles A. Waters, M.D., Associate in Roentgenology, Johns Hopkins University; Assisting Visiting Roentgenologist, Johns Hopkins Hospital. Associate Editor, Whitmer B. Firor, M.D., Assistant in Roentgenology, Johns Hopkins University; Assistant in Roentgenology, John Hopkins Hospital. Therapeutics edited by Ira I. Kaplan, B.Sc., M.D., Director, Division of Cancer, Department of Hospitals, City of New York. The Year Book Publishers, Inc., 304 S. Dearborn Street, Chicago, 1937. Price, \$4.50.

The 1937 Year Book on Radiology is an up-to-the minute survey of that subject, namely, radiologic diagnosis and radiotherapy. The standing of the authors is sufficient evidence that the material in the work is wisely selected and that the work is in reality a survey of the most recent advances in the two-fold subject. We have a full description of the kymograph and also of tomography, which are so recent that they have not found their way into the majority of x-ray laboratories. In the diagnostic part of the work, the plan is to follow different systems of the body. In addition to this, there are chapters on technic, the teaching and principles and practice of radiologic diagnosis as well as the medico-legal phase which is always with us. Dr. Kaplan, as in former editions, handles the subject of radiotherapy. Not only the specialist in radiotherapy and radiodiagnosis, but those in general practice or in other specialties will find this work valuable as a presentation of the accomplishments of radiology.

MATERIA MEDICA, TOXICOLOGY AND PHARMACOGNOSY. By William Mansfield, A.M., Phar.D., Dean and Professor of Materia Medica and Toxicology, Union University, Albany College of Pharmacy, Albany, N. Y., with 202 Illustrations. St. Louis: The C. V. Mosby Company, 1937.

This is largely a list of the drugs which are included in the United States Pharmacopœia and the National Formulary and gives many of their physical and chemical properties, together with their uses and dosages. Poisons are classified according to their action. The preparations most commonly avail-

(Continued on page 800)

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(Continued from page 798)

able are listed. Their toxic symptoms and proper treatment of cases of poisoning is described.

As a reference this book will be valuable to those who desire information quickly available.

AN INTRODUCTION TO DERMATOLOGY. By Richard L. Sutton, M.D., Sc.D., LL.D., F.R.S. (Edin.), Professor of Dermatology, University of Kansas School of Medicine; and Richard L. Sutton, Jr., A.M., M.D., L.R.C.P. (Edin.), instructor in Dermatology, University of Kansas School of Medicine. Third Edition. St. Louis: The C. V. Mosby Company, 1937.

This work is intended primarily for students. The authors have attempted to include only the essentials of dermatology upon which the student may build a knowledge of its fundamentals, leaving him free from the confusion inevitable if required to sift and cull his information from a more replete reference book.

Dermatologic conditions are classified according to the latest conceptions and the descriptions are clear and concise. Several new diseases are described here for the first time. The section on syphilis has been enlarged and the modern methods of treatment are stressed.

CLINICAL ALLERGY. By Louis Tuft, M.D., Chief of Clinic of Allergy and Applied Immunology, Temple University Hospital; Associate in Immunology, Temple University School of Medicine; Director of Laboratories, Pennsylvania Department of Health, Philadelphia. Introduction by John A. Kolmer, M.D., Dr.P.H., D.Sc., LL.D., L.H.D., Professor of Medicine, Temple University; Director of Research Institute of Cutaneous Medicine, Philadelphia. 711 pages with 82 illustrations. Cloth \$8.00 net. Philadelphia and London: W. B. Saunders Company, 1937.

Allergy as a special branch of immunology has developed very rapidly during the past twenty years. The present work presents these advances in a form in which the general practitioner may profit. Among the subjects discussed are the fundamental principles of allergy, the basic etiologic types responsible for most of the allergic conditions characteristic manifestations of allergy except those affecting the skin and lastly those allergic conditions which affect the skin. This book gives a fair presentation of the subject of allergy by an expert. Allergic conditions are apt to affect the fields of nearly all specialties. This book should therefore interest not only the dermatologist but others confining their attention to special lines of work, and the general practitioner most of all.

THE ROENTGENOLOGIST IN COURT. By Samuel Wright Donaldson, A.B., M.D., F.A.C.R., Roentgenologist of St. Joseph's Mercy Hospital, Ann Arbor. Published by Charles Thomas, Springfield, Ill. Price \$4.00.

Probably the majority of physicians have a horror of being summoned to appear in court. The feeling is not due to time taken off from their practice, as often given as an explanation, so much as a fear complex. One way of overcoming fear is accurate knowledge of one's duties and limitations in giving court testimony. A person is not in the best sense equipped for his calling, professional or other, if he is not conversant with his legal relation to those with whom he deals. This is as true of the physician as of the business man; but it does not mean that either must know enough of the law to be his own lawyer. Dr. Donaldson in a brief concise book on the subject, "The Roentgenologist in Court," provides the necessary information which, if mastered, will make the hour or the day in court, as the case may be, a pleasant rather than embarrassing experience. While the roentgenologist is called to court in this day and age of accidents more frequently than any other physician, what the author has written will be of value to any practicing physician. The

work is written in the clear, forceful style of which Dr. Donaldson is capable. The book is profusely documented, which makes it useful also to the trial attorney who pleads medico-legal cases. It is the result of years of study of the law in its relation to medicine and particularly to roentgenology. Dr. Donaldson has interested himself in the legal phases of the radiologist's work over a long period of time, during which he has watched and recorded court decisions on the subject. Among the topics discussed at length are the Relationship of Physician and Patient, Malpractice, The Physician and the Law of Agency, Malpractice Defense and Prophylaxis, Evidence and Testimony, Expert Witness Fees, Films as Evidence, Ownership of Films, Physician and Contracts, "Doctor Take the Stand." These subjects concern every practitioner of medicine, but the roentgenologist most of all, for his work includes certain aspects of all other specialties and general surgery and general medicine as well. All these subjects are of immense interest, but to everyone, whether confining his work to x-ray or not, we would commend the chapter on Malpractice and that on Malpractice Defense and Prophylaxis. As prophylaxis, Dr. Donaldson recommends a guarded tongue. Often malpractice suits are started through damning remarks of some fellow practitioner. Kindly feelings toward the other fellow rather than that of superiority will go a long way towards allaying that discontent among patients which so often produces needless trouble for all.

We have spoken of the author's style as being clear, concise and forceful. Each chapter could be expanded to greater length and probably would if the same chapter headings were dealt with by some writers we know. However, nothing would be gained in the way of clearness. A feature we would also commend favorably is the apt quotation at the head of each chapter. Donaldson has made law a live and interesting subject.

It is a work that should occupy an important place in the library of every roentgenologist, and the numerous physicians who assay to "do their own x-ray work" will surely want to know where they stand in relation to the law.

The book is recommended as a clear, concise authoritative statement of an important subject.

CLIO MEDICA: RUSSIAN MEDICINE. By W. Horsley Gantt, M.D., Johns Hopkins University School of Medicine; formerly Chief of Medical Division, American Relief Administration, Leningrad Unit (1922-23); Collaborator in Pavlov's Laboratories (1925-29). With 12 illustrations. Price, \$2.00. New York: Paul B. Hoeber, Inc.; Medical Book Department of Harper & Brothers, 1937.

CLIO MEDICA: PATHOLOGY. By E. B. Krumbhaar, M.D., Professor of Pathology, University of Pennsylvania School of Medicine. With 18 illustrations. Price, \$2.00. New York: Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 1937.

We have had occasion to review a number of Clio Medica series of medical history monographs, and have always welcomed their arrival. The books are small, convenient for the coat pocket. They can be carried around and read at odd moments when one has time and has not access to a large library. The little volume on Russian Medicine is a mine of information on the history of medicine in Russia by one who has not merely visited Russia, but has worked with the American Relief Administration in Russia for a year and afterwards worked in Professor Pavlov's laboratory for five years from 1924 to 1929. The work also gives a thumb-nail sketch of Russian history; that is, enough Russian history to understand the medical setting. The author divides his subject of Russian medicine into five periods, namely, that of primitive medicine up to

the reign of Peter the Great; Peter the Great and the period of foreign influence; the period of independent Russian medicine; Famines and Epidemics, the Great War and the Revolution, and lastly, Soviet medicine.

Dr. Krumbhaar, editor of the entire series, contributed the volume on the history of pathology. Pathology has been recognized as one of the major, if not the major, chapter in the history of medicine. This little volume might be looked upon as a history of medicine from the viewpoint of the pathologist. The author begins with primitive, classical and medieval concepts of pathology. Then we have a chapter on the theories of the nature of disease, followed by one on the rise of anatomical concepts of disease. This is followed by a chapter on systematized gross pathological anatomy. Then is an interesting chapter on cellular pathology which, of course, would not be possible before the epoch-making discoveries of Schleiden and Schwann. This little book contains a mass of information, interestingly presented. A feature of the work that is of paramount interest is what the author terms "a chronological list of pathologic milestones," beginning at 2160 B.C. and carrying the subject forward to 1935 A.D. We cannot too strongly commend these little volumes on the subject of medical history.

INJURIES AND DISEASES OF THE HIP, SURGERY AND CONSERVATIVE TREATMENT. By Fred H. Albee, M.D., LL.D., F.A.C.S., Past President, American Orthopedic Association; Chairman, Rehabilitation Commission of the State of New Jersey; Assisted by Robert L. Preston, M.D., Associate in Orthopedic Surgery, Columbia University (New York Post-Graduate Medical School). With 100 illustrations, including three in color. Price \$5.50. New York: Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 1937.

A work on Injuries and Diseases of the Hip is long overdue. The profession will, therefore, welcome the appearance of this work of a master. The author deals with fractures of the neck of the femur and also ununited fractures, the subject of dislocation. Tuberculosis of the hip joint always is an important subject and is treated at length in forty pages. Twenty-two pages are devoted to the subject of Coxa Vara. Then we have a chapter of ten pages on Osteoarthritis. The author goes into detail on the various methods of treatment of fractures, including the fracture of long standing, but ununited. The book is extremely well illustrated, not only with good radiographs, but with line drawings as well. It is a valuable work, not only to the orthopedic surgeon, but to everyone whose lot it is from time to time to handle hip fracture.

Harris—"When the house-wreckers tore down Brown's house they found a collar button he had lost twelve years ago."

Kramer—"I'd think it would have been cheaper for him to have bought another collar button."

Among Our Contributors

Dr. Alexander M. Campbell is a graduate of the Wayne University College of Medicine. He is Chairman of the Committee on Maternal Health, Michigan State Medical Society. Member of the American Gynecological Society, American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, Chicago Gynecological Society and Detroit Obstetrical and Gynecological Society.

* * *

Dr. Warren B. Cooksey of Detroit was graduated A.B. from the University of Kansas in 1922, and M.D. from Harvard University in 1926. He is a Fellow of the American College of Physicians, Instructor in Medicine at the Wayne University College of Medicine, Medical Consultant of the Florence Crittenton Hospital, and Attending Physician in the Out-Patient Department at Harper Hospital, Detroit.

* * *

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* * *

Dr. Henry E. Perry graduated from Michigan College of Medicine and Surgery in 1897. He took a postgraduate course at the New York Post Graduate School in 1900, and graduated from Northwestern University Medical School in 1904. He served in the Spanish-American war during 1898. He was Assistant Medical Superintendent at Newberry State Hospital, 1901 and 1902. He was president of the Michigan State Medical Society, 1936 and 1937.

A LITTLE NONSENSE

Man—"So you asked Mary to marry you?"

Friend—"Yes, but I didn't have any luck. She asked me if I had any prospects."

Man—"Why didn't you tell her all about your rich uncle?"

Friend—"I did. Mary is my aunt now!"

Mrs. Professor—"William, you haven't kissed me for three whole days."

Professor (absently)—"You don't say! Whom have I been kissing?"

Friend—"What would you do if you were in my shoes?"

Man—"I'd shine them."



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COUNTY SOCIETIES

BRANCHES OF THE MICHIGAN STATE MEDICAL SOCIETY

COUNTY SOCIETY	PRESIDENT	SECRETARY	MEETINGS	
			Regular	Annual
Allegan	G. H. RIGTERINK Hamilton	M. B. BECKETT Allegan	1st Tuesday	1st Tuesday December
Alpena-Alcona- Presque Isle.....	DR. C. A. CARPENTER Onaway	HAROLD KESSLER Alpena	Last Thursday 6:00 p. m.	Last Thursday December
Barry	H. S. WEDEL Freeport	G. F. FISHER Hastings	2nd Thursday 8:00 p. m.	1st Thursday January
Bay-Arenac-Iosco- Gladwin	DR. A. D. ALLEN Bay City	A. L. ZILIAK Bay City	2nd and 4th Wednesday (ex- cept July, Aug., Sept.) 6:00 p. m.	2nd Wednesday December
Berrien	C. S. EMERY St. Joseph	A. F. BLIESMER St. Joseph	2nd Wednesday or Thursday	2nd Wednesday or Thursday, December
Branch	BERT W. CULVER Coldwater	F. S. LEEDER Coldwater	3rd Thursday 6:30 p. m.	3rd Thursday December
Calhoun	C. W. BRAINARD Battle Creek	WILFRID HAUGHEY Battle Creek	1st Tuesday (except July and Aug.)	1st Tuesday December
Cass	S. E. BRYANT Dowagiac	K. C. PIERCE Dowagiac	2nd Wednesday or Thursday	December 15
Chippewa- Mackinac	F. J. MOLONEY Sault Ste. Marie	GEO. A. CONRAD Sault Ste. Marie	1st Friday	1st Friday December
Clinton	A. C. HENTHORN St. Johns	T. Y. HO St. Johns	1st Tuesday 7:30 p. m.	1st Tuesday October
Delta	H. Q. GROOS Escanaba	G. W. BENSON Escanaba	1st Thursday 8:30 p. m.	December 2
Dickinson-Iron	D. R. SMITH Iron Mountain	W. H. HURON Iron Mountain	1st Thursday 6:30 p. m.	1st Thursday December
Eaton	H. A. MOYER Eaton Rapids	THOMAS WILENSKY Eaton Rapids	Last Thursday	No set date
Genesee	ALVIN N. THOMPSON Flint	C. W. COLWELL Flint	2nd and 4th Tuesday (except July and August)	2nd Tuesday November
Gogebic	C. C. URQUHART Ironwood	F. L. S. REYNOLDS Ironwood	3rd Tuesday	3rd Tuesday December
Grand Traverse- Leelanau-Benzie ..	DWIGHT GOODRICH Traverse City	E. F. SLADEK Traverse City	1st Tuesday 8:00 p. m.	1st Tuesday December
Gratiot-Isabella- Clare	KENNETH P. WOLFE Breckenridge	RICHARD L. WAGGONER St. Louis	3rd Thursday	3rd Thursday December
Hillsdale	LUTHER W. DAY Jonesville	E. G. MCGAVRAN Hillsdale	1st Tuesday	1st Tuesday January
Houghton-Baraga- Keweenaw	L. E. COFFIN Painesdale	C. A. COOPER Hancock	1st Tuesday	1st Tuesday January
Huron-Sanilac	F. O. KIRKER Sandusky	E. W. BLANCHARD Deckerville	2nd Thursday	2nd Thursday December
Ingham	MILTON SHAW Lansing	R. J. HIMMELBERGER Lansing	3rd Tuesday 6:30 p. m.	3rd Tuesday December
Ionia-Montcalm	L. E. KELSEY Lakeview	JOHN J. McCANN Ionia	2nd Tuesday 7:00 p. m.	2nd Tuesday December
Jackson	E. D. CROWLEY Jackson	H. W. PORTER Jackson	3rd Tuesday 6:30 p. m.	3rd Tuesday December
Kalamazoo- Van Buren	W. G. HOEBEKE Kalamazoo	L. W. GERSTNER Kalamazoo	3rd Tuesday 7:30 p. m.	3rd Tuesday December
Kent	A. B. SMITH Grand Rapids	J. M. WHALEN Grand Rapids	2nd and 4th Wednesday 8:15 p. m.	2nd Wednesday December
Lapeer	H. M. BEST Lapeer	CLARK DORLAND Lapeer	2nd Thursday	December or January
Lenawee	A. W. CHASE Adrian	ESLI T. MORDEN Adrian	3rd Tuesday	3rd Tuesday December
Livingston	H. L. SIGLER Howell	DUNCAN C. STEPHENS Howell	1st Friday 6:30 p. m.	1st Friday December
Luce	GEO. F. SWANSON Newberry	A. T. REHN Newberry	1st Tuesday 8:00 p. m.	1st Tuesday December
Macomb	JOSEPH N. SCHER Mt. Clemens	R. F. SALOT Mt. Clemens	1st Monday 12:00 noon	1st Monday December
Manistee	KATHRYN BRYAN Manistee	C. L. GRANT Manistee	Every Monday noon	3rd Thursday January
Marquette-Alger	E. R. ELZINGA Marquette	D. P. HORNBOKEN Marquette	No set date	December
Mason	W. S. MARTIN Ludington	CHAS. A. PAUKSTIS Ludington	No set time	No set time
Mecosta-Osceola	THOMAS P. TREYNOR Big Rapids	GLENN GRIEVE Big Rapids	2nd Tuesday	2nd Tuesday December

Table of Contents

The Diabetic Problem as Influenced by Protamine Insulin. <i>Elliott P. Joslin, M.D.</i>	819	President's Page	857
Migraine: A Disorder of the Sympathetic Nervous System. <i>W. H. Riley, M.D.</i>	831	The Business Side of Medicine: Collection Agencies	858
Toxic Hepatitis. <i>Richard C. Connelly, M.D.</i>	839	Department of Society Activity: Council Chairman's Communication.....	859
Ocular Symptoms and Signs of Brain Tumor. <i>C. S. O'Brien, M.D.</i>	844	An Appreciation	859
Incidence of Seizures in the Families of Extramural Patients with Epilepsy. <i>L. E. Himler, M.D.</i>	846	Annual Meeting of the Council.....	860
Cannabis Sativa. <i>W. H. MacCracken, M.D.</i>	848	County Societies	862
Intranasal Administration of a Pertussis Antigen. <i>S. S. Schooten, B.S., M.D.</i>	849	Woman's Auxiliary	864
Autogenous Vaccines in Hay Fever. <i>W. C. Behen, M.D.</i>	852	Correspondence	865
Editorial: Seventy-second Annual Meeting.....	854	Michigan State Medical Society—Proceedings of the Seventy-second Annual Meeting.....	867
Socialized Medicine Again.....	854	Of General Medical and Surgical Interest.....	903
Sulfanilamide	855	Michigan's Department of Health.....	904
Anti-vivisection	855	In Memoriam	910
		General News and Announcements.....	911
		Among Our Contributors.....	918
		The Doctor's Library.....	920

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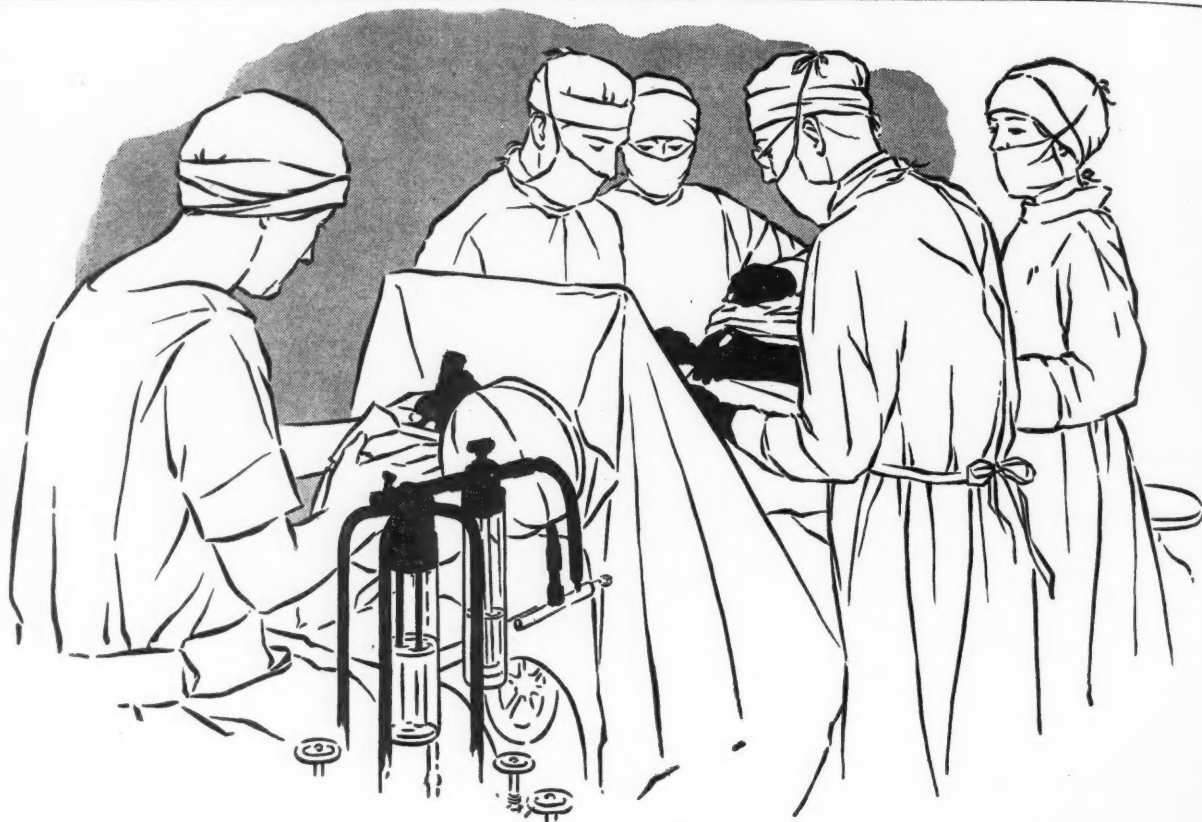
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